



**The Meeting Transcript of
The Los Angeles County
Board of Supervisors**



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1 [REPORT OF ACTION TAKEN IN CLOSED SESSION
2 ON FEBRUARY 19, 2008, BEGINS ON PAGE 142.]

3

4 **SUP. BURKE, CHAIR:** WE'D LIKE TO CALL THE MEETING TO ORDER. THE
5 INVOCATION WILL BE BY REVEREND RACHEL NYBACK OF ST. CROSS BY
6 THE SEA EPISCOPAL CHURCH IN HERMOSA BEACH. AND THE PLEDGE,
7 GEORGE DIXON, SENIOR VETERAN COUNSELOR, MILITARY AND VETERANS
8 AFFAIRS. WOULD YOU PLEASE STAND?

9

10 **REV. RACHEL NYBACK:** THE FOLLOWING IS A QUOTE FROM THE
11 RELIGIOUS DIRECTOR JOAN CHITTISTER ABOUT THOUGHTS, FEELINGS
12 AND OUR SOULS. "WHEN POETS TALK ABOUT THE HUMAN SOUL, THEY DO
13 NOT TALK ABOUT REASON. THEY TALK ABOUT FEELING. THE TOTAL
14 HUMAN, HUMAN BEING POETS ENABLE US TO SEE IS THE ONE WHO WEEPS
15 OVER EVIL, REVELS IN GOODNESS, LOVES OUTRAGEOUSLY AND CARRIES
16 THE PAIN OF THE WORLD IN HEALING HANDS. FEELING WE KNOW DEEP
17 WITHIN US SIGNIFIES THE REAL MEASURE OF A SOUL." SO LET US
18 PRAY. GOD, WE THANK YOU FOR BRINGING US SAFELY TOGETHER THIS
19 DAY. MAY THE THOUGHTS AND FEELINGS OF OUR SOULS BE OUR GUIDE.
20 WE ASK THAT ALL GATHERED HERE, ESPECIALLY OUR SUPERVISORS,
21 THEIR SUPPORT STAFF, THE MEMBERS OF OUR COMMUNITY WILL ALL BE
22 FILLED WITH THE SPIRIT OF WISDOM, CHARITY AND JUSTICE. THAT
23 WITH STEADFAST PURPOSE, THEY MAY FAITHFULLY SERVE IN THEIR
24 OFFICE TO PROMOTE THE WELLBEING OF ALL PEOPLE, AMEN.

25



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1 **GEORGE DIXON:** AMEN. OKAY. PLACE YOUR RIGHT HAND OVER YOUR
2 HEART AND FACE THE FLAG AND JOIN ME IN THE PLEDGE OF
3 ALLEGIANCE. [PLEDGE OF ALLEGIANCE RECITED.] THANK YOU.

4
5 **SUP. BURKE, CHAIR:** SUPERVISOR KNABE?

6
7 **SUP. KNABE:** MADAME CHAIR, MEMBERS OF THE BOARD, IT IS MY
8 PLEASURE TO SAY THANK YOU AND PRESENT A CERTIFICATE OF
9 APPRECIATION AS YOU MENTIONED RACHEL NYBACK, WHO IS WITH ST.
10 CROSS BY THE SEA EPISCOPAL CHURCH IN HERMOSA BEACH. REVEREND
11 NYBACK IS A FOURTH GENERATION SOUTHERN CALIFORNIAN WHO WAS
12 BORN IN COMPTON, GREW UP POMONA. SHE WAS A PUBLIC SCHOOL
13 TEACHER BEFORE BECOMING AN EPISCOPAL PRIEST AND SHE CONTINUES
14 TO WORK CLOSELY WITH YOUTH AND FAMILY PROGRAMS AT ST. CROSS,
15 INCLUDING TRAVELING ABROAD WITH HIGH SCHOOL STUDENTS DURING
16 THE SUMMER. SHE ALSO VOLUNTEERS AT THE UNION STATION FAMILY
17 CENTER IN PASADENA AND IS A VOLUNTEER CHAPLAIN FOR THE HERMOSA
18 BEACH POLICE DEPARTMENT. ST. CROSS BY THE SEA IS PART OF THE
19 LARGER EPISCOPAL DIOCESE OF LOS ANGELES BUT IT'S ALSO UNIQUELY
20 ROOTED IN ITS LOCATION IN HERMOSA BEACH. IF YOU COULDN'T GUESS
21 BY REVEREND NYBACK'S HAWAIIAN SHIRT, AND PRIESTLY COLLAR, ST.
22 CROSS IS LOCATED JUST TWO SHORT BLOCKS FROM THE BEACH. I HAD
23 THE DISTINCT HONOR AND PLEASURE OF JOINING THEM IN THEIR
24 CELEBRATION OF 100 YEARS IN MINISTRY DOWN THERE. AND I WILL
25 TELL YOU THAT ST. CROSS KNOWS HOW TO THROW A 100-YEAR PARTY, I



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1 MIGHT ADD, AS WELL, TOO. IN FACT, WHEN NOT PERFORMING THEIR
2 TRADITIONAL MINISTRIES AND HELP FOR THE NEEDY, SEVERAL MEMBERS
3 OF THE ST. CROSS CLERGY CAN BE FOUND SURFING ALONG THE BEACH
4 WITH THEIR PARISHIONERS. SO ON BEHALF OF MYSELF AND MY
5 COLLEAGUES, WE WANT TO THANK YOU, REVEREND NYBACK, FOR TAKING
6 THE TIME TO JOIN US AND LEAD US IN THE INVOCATION AND MORE
7 THAN THAT THANK YOU FOR THE ONGOING WORK THAT YOU AND MEMBERS
8 OF YOUR CONGREGATION DO EACH AND EVERY DAY FOR THE CITIZENS.

9 [APPLAUSE.]

10

11 **SUP. BURKE, CHAIR:** ALL RIGHT. WE WILL NOW GO ON WITH THE
12 AGENDA.

13

14 **CLERK SACHI HAMAI:** GOOD AFTERNOON, MADAME CHAIR. MEMBERS OF
15 THE BOARD. WE WILL BEGIN TODAY'S AGENDA ON PAGE 2,
16 PRESENTATIONS AND SET MATTERS. ON ITEM S-1, AS INDICATED ON
17 THE POSTED AGENDA, THE CHIEF EXECUTIVE OFFICER REQUESTS THAT
18 THIS ITEM BE CONTINUED TO MARCH 4TH, 2008 AT 11 A.M.

19

20 **SUP. BURKE, CHAIR:** WITHOUT OBJECTION.

21

22 **CLERK SACHI HAMAI:** I'M SORRY. WE JUST RECEIVED-- THERE IS A
23 REQUEST FROM A MEMBER OF THE PUBLIC TO HOLD THIS ITEM.

24

25 **SUP. BURKE, CHAIR:** WE'LL HOLD IT.



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1

2 **CLERK SACHI HAMAI:** ON PAGE 4, AGENDA FOR THE MEETING OF THE
3 COMMUNITY DEVELOPMENT COMMISSION, ITEMS 1-D THROUGH 3-D.

4

5 **SUP. BURKE, CHAIR:** MOVED BY ANTONOVICH, SECONDED BY
6 YAROSLAVSKY. WITHOUT OBJECTION, SO ORDERED.

7

8 **CLERK SACHI HAMAI:** AGENDA FOR THE MEETING OF THE REGIONAL PARK
9 AND OPEN SPACE DISTRICTS, ITEM 1-P THROUGH 3-P. ON ITEM 2-P,
10 THERE WAS A MINOR REVISION TO THIS ITEM SO THAT IT READS
11 "ALLOCATE THIRD SUPERVISORIAL DISTRICT COUNTY EXCESS FUNDS"
12 INSTEAD OF "CITY EXCESS FUNDS."

13

14 **SUP. BURKE, CHAIR:** WITH THE AMENDMENT, MOVED BY YAROSLAVSKY,
15 SECONDED BY MOLINA; WITHOUT OBJECTION, SO ORDERED.

16

17 **CLERK SACHI HAMAI:** BOARD OF SUPERVISORS, ITEMS 1 THROUGH 12.
18 ON ITEM NUMBER. 1, SUPERVISOR KNABE WOULD LIKE TO REFER BACK
19 HIS APPOINTMENT OF MIGUEL SANTANA TO THE L.A. CARE HEALTH
20 PLAN. AND ALSO THERE IS A REQUEST FROM MEMBERS OF THE PUBLIC
21 TO HOLD SUPERVISOR BURKE'S APPOINTMENT OF ALBERT DEBLANC, JR.
22 TO THE SMALL CRAFT HARBOR COMMISSION.

23

24 **SUP. BURKE, CHAIR:** WE WILL HOLD MY APPOINTEE AND THEN REFER
25 BACK, SUPERVISOR KNABE, WITHOUT OBJECTION. ON THE REMAINDER,



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1 MOVED BY KNABE, SECONDED BY MOLINA; WITHOUT OBJECTION, SO
2 ORDERED.

3

4 **CLERK SACHI HAMAI:** ON ITEM NUMBER 3, SUPERVISOR BURKE WOULD
5 LIKE TO MAKE A MINOR REVISION TO HER RECOMMENDATION TO ENTER
6 INTO AN AGREEMENT WITH PLAINS EXPLORATION AND PRODUCTION
7 SUBSTANTIALLY IN THE FORM ATTACHED TO THE MOTION. ON ITEM NO.
8 10, SUPERVISOR MOLINA AND A MEMBER OF THE PUBLIC REQUEST THAT
9 THIS ITEM BE HELD. THE REMAINING ITEMS 2 THROUGH 9 ARE BEFORE
10 YOU.

11

12 **SUP. BURKE, CHAIR:** WE'LL HOLD ITEM 10. MOVED BY MOLINA,
13 SECONDED BY YAROSLAVSKY; WITHOUT OBJECTION, SO ORDERED.

14

15 **CLERK SACHI HAMAI:** EXCUSE ME. AND THAT ALSO INCLUDED 11 AND
16 12.

17

18 **SUP. BURKE, CHAIR:** AS AMENDED.

19

20 **CLERK SACHI HAMAI:** AND THAT ITEM AS AMENDED. ON PAGE 11,
21 CONSENT CALENDAR ITEMS 13 THROUGH 46. ON ITEM NUMBER 13, THERE
22 IS A REQUEST FROM A MEMBER OF THE PUBLIC TO HOLD THIS ITEM. ON
23 ITEM NO. 14 AS INDICATED ON THE SUPPLEMENTAL AGENDA, THE CHIEF
24 EXECUTIVE OFFICER IS WITHDRAWING HIS REQUEST TO CONTINUE THIS
25 ITEM AND INSTEAD-- 14-- AND INSTEAD WOULD LIKE THIS ITEM



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1 CONSIDERED TODAY. ON ITEM NUMBER 15, THERE'S A REQUEST FROM
2 SUPERVISOR KNABE TO HOLD THIS ITEM. ON ITEM NUMBER 16, AS
3 INDICATED ON THE POSTED AGENDA, THE CHIEF EXECUTIVE OFFICER
4 REQUESTS THAT THIS ITEM BE REFERRED BACK TO HIS OFFICE. ON
5 ITEM NUMBER 17, THE CHIEF EXECUTIVE OFFICER REQUESTS THAT THIS
6 ITEM BE CONTINUED TWO WEEKS TO MARCH 4TH, 2008, INSTEAD OF THE
7 ONE WEEK AS INDICATED ON THE SUPPLEMENTAL AGENDA.

8

9 **SUP. BURKE, CHAIR:** SO ORDERED.

10

11 **CLERK SACHI HAMAI:** ON ITEM NUMBER 18 THERE IS A REQUEST FROM A
12 MEMBER OF THE PUBLIC TO HOLD THIS ITEM. ON ITEM NUMBER. 21,
13 SUPERVISOR YAROSLAVSKY REQUESTS THAT THIS ITEM BE HELD. ON
14 ITEM NUMBER. 22, THERE IS A REQUEST FROM MEMBERS OF THE PUBLIC
15 TO HOLD THIS ITEM. ON ITEM NUMBER 41-- OR EXCUSE ME. ON ITEM
16 NUMBER 33, THERE'S A REQUEST FROM A MEMBER OF THE PUBLIC TO
17 HOLD THIS ITEM. ON ITEM NUMBER 41, AS INDICATED ON THE
18 SUPPLEMENTAL AGENDA, THE DIRECTOR OF HEALTH SERVICES REQUESTS
19 THAT THIS ITEM BE CONTINUED ONE WEEK TO FEBRUARY 26TH, 2008.
20 YES.

21

22 **SUP. BURKE, CHAIR:** WITHOUT OBJECTION.

23



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1 **CLERK SACHI HAMAI:** ON ITEM 42, AS INDICATED ON THE
2 SUPPLEMENTAL AGENDA, COUNTY COUNSEL REQUESTS THAT THIS ITEM BE
3 CONTINUED ONE WEEK TO FEBRUARY 26TH, 2008.

4

5 **SUP. BURKE, CHAIR:** WITHOUT OBJECTION, SO ORDERED.

6

7 **CLERK SACHI HAMAI:** ON ITEM NUMBER 46, AS INDICATED ON THE
8 POSTED AGENDA, SUPERVISOR ANTONOVICH REQUESTS THAT THIS ITEM
9 BE CONTINUED WITHOUT DISCUSSION TO FEBRUARY 26TH, 2008.

10

11 **SUP. BURKE, CHAIR:** WITHOUT OBJECTION, SO ORDERED.

12

13 **CLERK SACHI HAMAI:** SEPARATE MATTERS. ON ITEM NUMBER. 47, I'LL
14 READ THE SHORT TITLE IN FOR THE RECORD. THIS IS THE TREASURER
15 AND TAX COLLECTOR'S RECOMMENDATION TO ADOPT RESOLUTION
16 AUTHORIZING THE LEASING OF CERTAIN EQUIPMENT FROM THE LOS
17 ANGELES COUNTY CAPITAL ASSET LEASING CORPORATION, ALSO KNOWN
18 AS THE CORPORATION, AND TO EXECUTE A LEASING AGREEMENT AND
19 CONTINUING DISCLOSURE CERTIFICATE IN CONNECTION WITH THE
20 ISSUANCE OF THE CORPORATION LEASE REVENUE BONDS 2008 SERIES A
21 IN AGGREGATE PRINCIPAL AMOUNT NOT TO EXCEED 30 MILLION AND
22 APPROVE THE PUBLICATION OF THE NOTICE OF INTENTION TO SELL
23 BONDS IN THE NEWSPAPER OF GENERAL CIRCULATION WITHIN THE
24 COUNTY. THERE IS ALSO A REQUEST FROM A MEMBER OF THE PUBLIC TO
25 HOLD THIS ITEM. MISCELLANEOUS ADDITIONS TO THE AGENDA WHICH



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1 WERE POSTED MORE THAN 72 HOURS IN ADVANCE OF THE MEETING AS
2 INDICATED ON THE SUPPLEMENTAL AGENDA, ITEM 48 A.

3

4 **SUP. BURKE, CHAIR:** MOVED BY MOLINA, SECONDED BY KNABE; WITHOUT
5 OBJECTION, SO ORDERED.

6

7 **CLERK SACHI HAMAI:** ON ITEM 48 B, THERE IS A REQUEST FROM
8 MEMBERS OF THE PUBLIC TO HOLD THIS ITEM. 48 C?

9

10 **SUP. BURKE, CHAIR:** MOVED BY YAROSLAVSKY, SECONDED BY
11 ANTONOVICH; WITHOUT OBJECTION, SO ORDERED-- I'M SORRY. MOVED
12 BY KNABE, SECONDED BY YAROSLAVSKY, WITHOUT OBJECTION, SO
13 ORDERED.

14

15 **CLERK SACHI HAMAI:** 48 D.

16

17 **SUP. BURKE, CHAIR:** MOVED BY ANTONOVICH, SECONDED BY MOLINA.
18 WITHOUT OBJECTION, SO ORDERED.

19

20 **CLERK SACHI HAMAI:** 48 E?

21

22 **SUP. BURKE, CHAIR:** MOVED BY ANTONOVICH, SECONDED BY KNABE.
23 WITHOUT OBJECTION, SO ORDERED.

24



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1 **CLERK SACHI HAMAI:** AND THAT COMPLETES THE READING OF THE
2 AGENDA. BOARD OF SUPERVISORS SPECIAL ITEMS BEGIN WITH
3 SUPERVISORIAL DISTRICT NUMBER 1.

4
5 **SUP. BURKE, CHAIR:** SUPERVISOR MOLINA, DO YOU HAVE ANY
6 PRESENTATIONS? I'LL START MINE. I WOULD LIKE TO CALL FORWARD
7 DORA GILL, ADVOCACY DIRECTOR FOR THE AMERICAN HEART
8 ASSOCIATION. THANK YOU FOR BEING HERE. MANY PEOPLE ARE NOT
9 AWARE THAT HEART DISEASE AND STROKE ARE THE NUMBER 1 AND
10 NUMBER 3 KILLERS AMONG WOMEN. TOGETHER, THESE DISEASES CLAIM
11 THE LIVES OF NEARLY 500,000 WOMEN EACH YEAR. THE AMERICAN
12 HEART ASSOCIATION LAUNCHED "GO RED FOR WOMEN" AS A RESPONSE TO
13 THIS PUBLIC HEALTH CHALLENGE. THIS CAMPAIGN ENCOURAGES WOMEN
14 OF ALL AGES AND BACKGROUNDS TO LEARN ABOUT HEART DISEASE AND
15 STROKE BY TAKING POSITIVE ACTIONS TO REDUCE THEIR RISK OF BOTH
16 DISEASES. IT'S WITH GREAT PLEASURE THAT I PRESENT THIS SCROLL
17 TO DORA GILL, ADVOCACY DIRECTOR FOR THE AMERICAN HEART
18 ASSOCIATION, AS WE SUPPORT THEIR "GO RED FOR WOMEN" CAMPAIGN,
19 WHICH WAS PREVIOUSLY PROCLAIMED FEBRUARY 1ST, 2008 AS "GO RED
20 FOR WOMEN" DAY. WOULD YOU LIKE TO SPEAK FIRST?

21
22 **DORA GILL:** YES, THANK YOU. THANK YOU, SUPERVISOR BURKE, FOR
23 ONCE AGAIN SPEARHEADING OUR EFFORTS HERE AT THE BOARD OF
24 SUPERVISORS. YOU AND THE ENTIRE BOARD HAVE BEEN GREAT
25 SUPPORTERS OF THE AMERICAN HEART ASSOCIATION'S MISSION, AND



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1 YOU WILL BE MISSED BY ALL OF US WHEN YOU RETIRE LATER THIS
2 YEAR. AS YOU KNOW, "GO RED FOR WOMEN" IS THE AMERICAN HEART
3 ASSOCIATION'S NATIONWIDE MOVEMENT CELEBRATING THE ENERGY,
4 PASSION AND POWER WE ALL HAVE TO BAND TOGETHER AND WIPE OUT
5 HEART DISEASE. TOO FEW PEOPLE REALIZE THAT HEART DISEASE IS
6 THE NUMBER ONE KILLER OF WOMEN. THAT'S WOMEN OF ALL AGES. THIS
7 IS FROM INFANCY TO OLD AGE. AND OF MEN, AS WELL. BUT THE GOOD
8 NEWS IS THAT HEART DISEASE CAN LARGELY BE PREVENTED. SPREADING
9 THE "GO RED FOR WOMEN" MESSAGE, "LOVE YOUR HEART" RAISES
10 AWARENESS OF HEART DISEASE AND EMPOWERS WOMEN TO REDUCE THEIR
11 RISK. AND AS YOU ENCOURAGE EVERYONE IN L.A. COUNTY TO WEAR RED
12 DURING AMERICAN HEART MONTH, YOU'LL BE SHARING WITH THEM THE
13 TOOLS AND INFORMATION THEY NEED TO PROTECT THEMSELVES AND
14 THEIR LOVED ONES. ON BEHALF OF THE AMERICAN HEART ASSOCIATION,
15 I WANT TO THANK, AGAIN, THE L.A. COUNTY BOARD OF SUPERVISORS
16 FOR YOUR CONTINUED SUPPORT ON THIS IMPORTANT ISSUE. THANKS
17 VERY MUCH.

18
19 **SUP. BURKE, CHAIR:** THANK YOU. AND THANK YOU FOR THIS BEAUTIFUL
20 PIN. THANK YOU. MAY I CALL FORWARD TORY WILSON, PEACE CORPS
21 REGIONAL RECRUITER. THE PEACE CORPS HAS BECOME AN ENDURING
22 SYMBOL OF OUR NATION'S COMMITMENT TO ENCOURAGE PROGRESS,
23 CREATE OPPORTUNITY AND EXPAND DEVELOPMENT IN THE DEVELOPING
24 WORLD. WITH MORE THAN 190,000 AMERICAN VOLUNTEERS, THE PEACE
25 CORPS HAS SERVED IN 139 COUNTRIES SINCE 1961. OVER THE PAST 47



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1 YEARS, 25,832 MEN AND WOMEN FROM CALIFORNIA HAVE MADE
2 SIGNIFICANT AND LASTING CONTRIBUTIONS AROUND THE WORLD IN
3 AGRICULTURE, BUSINESS DEVELOPMENT, INFORMATION TECHNOLOGY,
4 EDUCATION, HEALTH AND H.I.V./A.I.D.S. AND THE ENVIRONMENT. IT
5 IS WITH GREAT HONOR THAT TODAY WE PROCLAIM FEBRUARY 25TH
6 THROUGH MARCH 3RD AS PEACE CORPS WEEK, AS THESE VOLUNTEERS
7 CONTINUE TO SERVE COMMUNITIES THROUGHOUT THE UNITED STATES BY
8 REAFFIRMING OUR COUNTRY'S COMMITMENT TO HELPING PEOPLE HELP
9 THEMSELVES.

10

11 **TORY WILSON:** WELL THANK YOU, SUPERVISOR BURKE, FOR HONORING
12 ALL THE THOUSANDS OF LOS ANGELES RESIDENTS WHO HAVE SERVED IN
13 THE PEACE CORPS THROUGHOUT THE YEARS, SINCE THE '60S. WE
14 CURRENTLY HAVE MORE PEACE CORPS VOLUNTEERS SERVING NOW THAN WE
15 HAVE SINCE THE PEACE CORPS BEGAN. AND WE'RE EXCITED FOR THAT
16 TO EXPAND, AS WELL. SO THANK YOU.

17

18 **SUP. BURKE, CHAIR:** THANK YOU. [APPLAUSE.] FINALLY, I'D LIKE TO
19 CALL FORWARD DAVID MILLER. C.E.O. OF "OUR WEEKLY" NEWSPAPER.
20 "OUR WEEKLY" NEWSPAPER IS A WEEKLY NEWSPAPER PUBLICATION
21 DEDICATED TO THE AFRICAN-AMERICAN COMMUNITIES OF LOS ANGELES.
22 THE NEWSPAPER, HEADED BY MR. MILLER, AND VETERAN JOURNALIST
23 NATALIE COLE, IS A FREE PUBLICATION THAT IS DISTRIBUTED TO
24 LOCAL RETAIL OUTLETS AND BUSINESSES AND DOOR-TO-DOOR IN
25 LADERA, BALDWIN HILLS, WINDSOR HILLS, VIEW PARK, LA MERCK



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1 PARK, LAFAYETTE PARK SQUARE, NORTH INGLEWOOD AND MID CITY.
2 "OUR WEEKLY" IS DEDICATED TO DELIVERING ACCURATE, RELEVANT,
3 TRUSTWORTHY NEWS STORIES FROM AN ETHNIC COMMUNITY PERSPECTIVE
4 IN ADDITION TO LOCAL, STATE AND NATIONAL NEWS. IT IS WITH
5 GREAT PLEASURE THAT I PRESENT THIS SCROLL TO DAVID MILLER,
6 C.E.O. OF "OUR WEEKLY" NEWSPAPER AS WE COMMEND THEM FOR THEIR
7 DEDICATED COVERAGE THROUGHOUT OUR AFRICAN-AMERICAN
8 COMMUNITIES, IMPACTING MORE THAN 60,000 READERS.
9 CONGRATULATIONS.

10

11 **DAVID WILSON:** THANK YOU.

12

13 **SUP. BURKE, CHAIR:** AND I KNOW MOST PEOPLE DON'T THINK OF
14 NATALIE COLE AS A WRITER OR JOURNALIST, BUT SHE HAS DONE A
15 GREAT JOB AS A JOURNALIST.

16

17 **DAVID WILSON:** THANK YOU, SUPERVISOR BURKE, FOR ACKNOWLEDGING
18 "OUR WEEKLY." WE ARE A PUBLICATION THAT IS TRULY ON THE MOVE.
19 WE PUBLISH EVERY THURSDAY. WE HAVE A STRONG DISTRIBUTION WITH
20 A READERSHIP OF 150,000. AND WE ARE PROUD OF THE RELATIONSHIPS
21 THAT WE HAVE BUILT OVER TIME. SO AGAIN THANK YOU.

22

23 **SUP. BURKE, CHAIR:** THANK YOU VERY MUCH. [APPLAUSE.] THAT
24 CONCLUDES MY PRESENTATIONS. SUPERVISOR YAROSLAVSKY, DO YOU
25 HAVE PRESENTATIONS? SUPERVISOR KNABE, DO YOU HAVE



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1 PRESENTATIONS? SUPERVISOR ANTONOVICH? WAS I THE ONLY ONE
2 MAKING PRESENTATIONS TODAY?

3

4 **SUP. ANTONOVICH:** I HAVE A LITTLE POINTER MIX FEMALE. SHE'S 12
5 WEEKS OLD. HER NAME IS JULIE. SHE JUST HAD A PRESS CONFERENCE
6 IN THE BACK. JULIE IS LOOKING FOR A HOME. ANYBODY WOULD LIKE
7 TO ADOPT HER, YOU CAN CALL THE 562-728-4644 NUMBER. ANYBODY IN
8 THE AUDIENCE, AND LITTLE JULIE WILL BE YOURS. SHE'S GOING TO
9 BE A LITTLE BIG DOG, A BIG, BIG DOG. . HOW ABOUT YOU, STEVE?
10 LIKE VENTURA COUNTY?

11

12 **SUP. BURKE, CHAIR:** SUPERVISOR MOLINA, DO YOU HAVE
13 ADJOURNMENTS? I DON'T HAVE ADJOURNMENTS BUT I'LL START THE
14 AGENDA. I KNOW THAT THERE WAS A REQUEST TO CALL S-3 FIRST, BUT
15 S-3 HAS A SET TIME AT 2:30. AND SO I NEED TO REALLY FIND OUT
16 IF WE CAN CALL THAT EARLY. I'LL JUST CALL UP ITEM 1, MY
17 APPOINTMENTS. AND I UNDERSTAND SOME PEOPLE HAVE ASKED TO BE
18 HEARD ON THAT. NINA BARISH, JOHN NAHHAS AND LYNNE SHAPIRO,
19 WOULD YOU PLEASE COME FORWARD? I'LL CALL UP, JUST BEFORE I
20 CALL ON YOU. ON S-1 THERE WAS A REQUEST TO SPEAK ON THE HOLD
21 ON THAT, SO WE NEED TO CONTINUE THAT. WITHOUT OBJECTION, IT
22 WILL BE CONTINUED TO-- S-1 WILL BE CONTINUED TO WHAT WAS THE
23 DATE ON THAT?

24

25 **CLERK SACHI HAMAI:** MARCH 4TH AT 11 A.M.



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1

2 **SUP. BURKE, CHAIR:** MARCH 4TH AT 11 A.M., WITHOUT OBJECTION.

3

4 **CLERK SACHI HAMAI:** ALSO ON ITEM S-1-- OH, I'M SORRY. THAT WAS
5 S-1.

6

7 **SUP. BURKE, CHAIR:** ON ITEM 10, SUPERVISOR MOLINA IS RELEASING
8 HER HOLD. AND WE'D LIKE TO CONTINUE THAT TO THE WEEK OF MARCH
9 4TH, 2008.

10

11 **CLERK SACHI HAMAI:** ACTUALLY FEBRUARY 26TH.

12

13 **SUP. BURKE, CHAIR:** OKAY. THIS ONE WILL BE FEBRUARY 26TH.

14

15 **CLERK SACHI HAMAI:** CORRECT.

16

17 **SUP. BURKE, CHAIR:** WITHOUT OBJECTION, SO ORDERED. THAT ITEM IS
18 CONTINUED TO FEBRUARY 26TH. YES, THANK YOU.

19

20 **INA BARISH:** GOOD AFTERNOON.

21

22 **SUP. BURKE, CHAIR:** PLEASE STATE YOUR NAME.

23

24 **INA BARISH:** MY NAME IS INA BARISH, AND I'M A RESIDENT OF
25 MARINA DEL REY. ON JANUARY 9TH, 2008 THERE WAS STANDING ROOM



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1 ONLY IN THE MARINA DEL REY HOTEL BALLROOM. AFTER A LONG DAY OF
2 TESTIMONY, THE TAKE AWAY FOR THE CALIFORNIA COASTAL COMMISSION
3 WAS A STRONG SENSE OF COMMUNITY AND PLACE. THE COMMISSIONERS
4 FELT THE FRUSTRATION OF THE COMMUNITY AND SAW THE LARGE
5 DISCONNECT BETWEEN THE COUNTY AND THE PUBLIC. IN THE WORDS OF
6 ONE COMMISSIONER, "I WOULD NEVER HAVE DREAMED THAT THE COUNTY
7 WOULD PROCEED WITH THESE KINDS OF PLANS WITHOUT COMMUNITY
8 INPUT." THE COMMISSION SHOWED THAT THEY UNDERSTOOD THAT MARINA
9 DEL REY IS MORE THAN A REVENUE STREAM FOR THE COUNTY, THAT
10 THERE IS A LONG-STANDING LOW TO MIDDLE INCOME RESIDENTIAL AND
11 BOATING COMMUNITY THAT IS ON THE VERGE OF BEING DISPLACED,
12 THAT THERE ARE THOUSANDS OF RECREATIONAL BOATERS--
13 RECREATIONAL USERS THAT ARE SLOWLY BEING SQUEEZED OUT FOR
14 CORPORATE HOUSING AND LUXURY APARTMENTS. WHAT DOES THIS HAVE
15 TO DO WITH THE APPOINTMENT OF MR. ALBERT DEBLANC, JR. TO THE
16 SMALL CRAFT HARBOR COMMISSION? FIRST, A LOT. I HAVEN'T SEEN
17 MUCH INFORMATION ON MR. DEBLANC'S QUALIFICATIONS, BUT I DO
18 KNOW THAT HE IS A CIVIL RIGHTS ATTORNEY. IT IS MY HOPE THAT AS
19 A CIVIL RIGHTS ATTORNEY, HE WILL HAVE HIS EAR TO THE PUBLIC.
20 THAT MR. DEBLANC'S SENSE OF JUSTICE AND MORALITY AND HIS
21 BELIEF THAT THE RIGHTS OF THE PEOPLE CANNOT BE SET ASIDE,
22 IGNORED OR TRAMPLED WILL INFLUENCE THE COURSE OF OPERATIONS OF
23 THE SMALL CRAFT HARBOR COMMISSION AND MAYBE EVEN TRICKLE UP TO
24 THE DEPARTMENT OF BEACHES AND HARBORS. AND IF THE INPUT
25 BROUGHT TO THE SMALL CRAFT HARBOR COMMISSION BY THE COMMUNITY



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1 WILL BE MORE THAN JUST TOLERATED, THAT IT WILL BE WELCOMED,
2 ENTERTAINED AND CONSIDERED. SECOND, I HOPE THAT AS AN
3 ATTORNEY, MR. DEBLANC WILL HELP THE COMMISSION UNDERSTAND ITS
4 RIGHTS, DUTIES AND POWERS. CURRENTLY THE COMMISSION IS VERY
5 MUCH DEPENDENT ON THE COUNTY FOR INSTRUCTION. THE COUNTY
6 ALREADY WEARS THE HAT OF LANDLORD AND DEVELOPER, SO IT MAY NOT
7 BE IN THE BEST POSITION TO PUT ON ANOTHER. THIRD, I HOPE THAT
8 AS AN ATTORNEY, MR. DEBLANC WILL SEE THE FUNDAMENTAL PROBLEM
9 WITH APPROVING PROJECTS THAT ARE IN CLEAR VIOLATION OF THE
10 CURRENT CERTIFIED L.C.P. UNTIL ONE MONTH AGO THE COUNTY DIDN'T
11 ALWAYS INFORM THE COMMISSION THAT AN L.C.P. AMENDMENT WOULD BE
12 NEEDED FOR A PROJECT. AND WHEN IT WAS RAISED, THE COUNTY WOULD
13 SAY THAT THE ISSUE WOULD BE ADDRESSED LATER IN THE REGULATORY
14 REVIEW. DON'T WORRY ABOUT UPHOLDING THE LAW IN YOUR
15 PROPRIETARY REVIEW. THIS SEEMS LIKE A FUNDAMENTAL WASTE OF
16 TIME, RESOURCES AND TAXPAYER MONEY. FINALLY, I HOPE THAT THE
17 FULL BOARD, IN LISTENING TODAY, WILL RECOGNIZE THE NEED TO PUT
18 THE FUTURE OF MARINA DEL REY ON YOUR AGENDA NOW. I MADE THIS
19 REQUEST TO MR. VELASQUEZ ON FEBRUARY 6TH AND WAS TOLD BY STEVE
20 NEPALATANO THAT HE EXPECTS THIS TO BE SOON BUT DOESN'T HAVE AN
21 EXACT DATE AT THE MOMENT. I HOPE THAT WITH THE FULL SUPPORT
22 AND INTEREST OF THE BOARD, THAT DAY WILL BE SOON. VERY, VERY
23 SOON. THANK YOU.

24

25 **SUP. BURKE, CHAIR:** THANK YOU.



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1

2 **JOHN NAHHAS:** GOOD MORNING, SUPERVISORS, MY NAME IS JOHN

3 NAHHAS. I AM CONCERNED AT THE APPOINTMENT OF ANY NEW

4 COMMISSIONER TO THIS SMALL CRAFT HARBOR COMMISSION IN MARINA

5 DEL REY. THE COMMUNITY OF MARINA DEL REY HAS BEEN AT A

6 DISCONNECT WITH THE COUNTY OF LOS ANGELES. THIS IS NOT JUST MY

7 STATEMENT; THIS IS A STATEMENT BY THREE SEPARATE COMMISSIONERS

8 IN THE CALIFORNIA COASTAL COMMISSION. MARINA DEL REY IS AT A

9 DISCONNECT. THE COMMUNITY OF MARINA DEL REY IS AT A DISCONNECT

10 WITH THE COUNTY OF LOS ANGELES. THE VERY STATEMENT HAS BEEN

11 UTTERED TIME AND TIME AGAIN AND WE NEED THIS NEW COMMISSIONER

12 THAT YOU HAVE DESIGNATED FOR APPOINTMENT TO UNDERSTAND THIS

13 DISCONNECT. MOST OF THE COMMISSIONERS OF THE SMALL CRAFT

14 HARBOR COMMISSION HAVE SHOWED AN INTEREST IN THE POSITION AND

15 ARE REGULARLY ATTENDING THESE SMALL CRAFT HARBOR MEETINGS.

16 OTHERS, THAT'S NOT THE CASE. WE WOULD LIKE MR. DEBLANC TO

17 ASSURE US OF HIS TIME COMMITMENT TO THE COMMISSION, THAT HE

18 WILL REGULARLY ATTEND AND THAT A QUORUM COULD BE UPHELD. THE

19 FAILURE IN ATTENDANCE AND LACK OF A QUORUM HAS PLAGUED THE

20 SMALL CRAFT HARBOR COMMISSION FOR TOO LONG. WE CANNOT WAIT

21 FOUR YEARS FOR THE SUNSET REVIEW BOARD TO FIND, HOWEVER

22 DISAPPOINTING THE ATTENDANCE OF THE COMMISSIONERS, THE TASKS

23 WERE COMPLETED. WE ALSO WOULD LIKE OUR NEW APPOINTED

24 COMMISSIONER TO HAVE KEEN INQUIRY SKILLS, LIKE MR.

25 YAROSLAVSKY. SOME OF THE INDIVIDUALS ON THE SMALL CRAFT HARBOR



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1 COMMISSION HAVE VERY LITTLE INPUT AND DO NOT DEMONSTRATE A
2 THIRST OF INFORMATION ON BEHALF OF THE CITIZENS OF LOS ANGELES
3 COUNTY. DEVELOPERS CONTINUE TO MISSPEAK. COUNTY OFFICIALS
4 CONTINUE TO MISSPEAK OR GIVE FAULTY DATA THAT IS LEFT
5 UNQUESTIONED. IF WE HAD A PERSON LIKE MR. YAROSLAVSKY THAT WAS
6 A STICKLER TO DETAILS, OUR HARBOR COMMISSION WOULD BE MORE
7 SUCCESSFUL. WE HOPE, MR. DEBLANC, THAT YOU ARE THAT
8 COMMISSIONER THAT WOULD STICK TO THE DETAILS, WOULD ENQUIRE
9 WHEN CERTAIN DATA OR INFORMATION IS INCORRECT. FROM THE
10 INFORMATION WE JUST RECEIVED FROM THE COUNTY IN THE AUDIENCE,
11 IT SOUNDS LIKE MR. DEBLANC WAS A BOATER AT ONE TIME. WE DON'T
12 KNOW IF HE IS STILL A BOATER. BUT WE'RE HOPING THAT THE LOSS
13 OF BOAT SLIPS IN MARINA DEL REY WILL DISCONTINUE. WE WILL
14 DISCONTINUE WITH THE PRACTICE. WE CANNOT HAVE A CONTINUAL LOSS
15 OF BOAT SLIPS AND A CONTINUAL LOSS OF OUR RECREATIONAL
16 OPPORTUNITIES IN MARINA DEL REY. MR. DEBLANC, IF YOU WOULD
17 PLEASE FOLLOW WHAT THE CALIFORNIA COASTAL COMMISSIONERS HAVE
18 SET FORTH IN THEIR FINDINGS, THAT WE HAVE NO LONGER A LOSS OF
19 THESE BOAT SLIPS AND THAT EVERYONE, THE CITIZENS OF LOS
20 ANGELES, ARE ALLOWED AFFORDABLE RECREATIONAL OPPORTUNITIES IN
21 MARINA DEL REY.

22

23 **SUP. BURKE, CHAIR:** ALL RIGHT, THANK YOU. PROFESSOR DAN
24 GOTTLIEB AND DR. DAVID DELANGE, WOULD YOU PLEASE COME FORWARD?
25 LYNNE SHAPIRO, PLEASE?



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1

2 **LYNNE SHAPIRO:** MY NAME IS LYNNE SHAPIRO AND I RESIDE IN MARINA
3 DEL REY. I WOULD LIKE TO ADDRESS MY COMMENTS TO SUPERVISOR
4 KNABE. WITH THE APPOINTMENT OF A NEW COMMISSIONER AND THE
5 ELECTION OF A NEW CHAIRMAN, WE WOULD LIKE TO SEE YOU BECOME
6 MORE INVOLVED WITH THE PUBLIC. A FEW OF THE COMMUNITY MEMBERS
7 WHO HAVE COME HERE TODAY HAVE BEEN INVOLVED IN COASTAL
8 DEVELOPMENT ISSUES IN THE MARINA FOR SEVEN OR EIGHT YEARS, BUT
9 YOU HAVE NEVER MET WITH THEM. WE ARE MOST EAGER TO MEET WITH
10 YOU AND TO DISCUSS OUR CONCERNS REGARDING SEVERAL OF THE
11 PROJECTS THAT HAVE BEEN APPROVED OR AWAIT APPROVAL. WE NOT
12 ONLY WANT TO DISCUSS DENSITY, TRAFFIC, SAFETY, BOATER RIGHTS,
13 PARKING, VIEW OBSTRUCTION, BUT WE WOULD ALSO LIKE THE NEW
14 COMMISSIONER TO KNOW THAT WE HAVE THE RIGHT TO DO SO UNDER
15 SECTION 1, 3006 OF THE COASTAL ACT, WHICH FINDS AND DECLARES
16 THAT THE PUBLIC HAS A RIGHT TO PARTICIPATE FULLY IN DECISIONS
17 AFFECTING COASTAL PLANNING, CONSERVATION AND DEVELOPMENT. THAT
18 THE ACHIEVEMENT OF SOUND CONSERVATION AND DEVELOPMENT IS
19 DEPENDENT UPON PUBLIC UNDERSTANDING AND SUPPORT AND THAT THE
20 CONTINUING PLANNING AND IMPLEMENTATION OF PROGRAMS FOR COASTAL
21 CONSERVATION AND DEVELOPMENT SHOULD INCLUDE THE WIDEST
22 OPPORTUNITY FOR PUBLIC PARTICIPATION. " SUPERVISOR KNABE,
23 REPRESENTATIVES OF OUR COMMUNITY, FROM COALITION TO SAVE THE
24 MARINA AND "WE ARE MARINA DEL REY" WANT TO MEET WITH YOU
25 PUBLICLY, SIR. WE ARE ASKING FOR A MEETING.



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1

2 **SUP. BURKE, CHAIR:** THANK YOU. WOULD DAVID BARISH AND NANCY
3 MARINO COME FORWARD? PROFESSOR GOTTLIEB, PLEASE.

4

5 **DANIEL GOTTLIEB:** I'M DAN GOTTLIEB, PROFESSOR OF MATHEMATICS.
6 I'D LIKE TO SPEAK ON ONE LITTLE DETAIL THAT THE BOARD-- THAT
7 THE SMALL CRAFTS HARBOR IS INVOLVED WITH, AND THAT'S LEASE
8 OPTIONS. AND FOR THE FIRST TIME I SAW THE LEASE OPTION BEING
9 DONE A FEW DAYS AGO, AND I WAS INTERESTED IN THE LEASE OPTION
10 BECAUSE I WAS CURIOUS ABOUT WHERE THE ACTUAL WELL-DEFINED
11 INFORMATION IS WITH RESPECT TO WHO OWNS WHAT PROPERTY OR WHAT
12 THE PROPERTY IS, WHICH IS IN THE COUNTY ASSESSOR'S BOOK. AND I
13 NOTICED THAT THE PARCELS IN THE MARINA DEL REY SEEM TO BE
14 SHUFFLED AROUND IN THESE LEASE OPTIONS. SO I LOOKED AT THE
15 LEASE OPTION AND I LOOKED IMMEDIATELY TO THE EXHIBITS THAT
16 GAVE THE LEGAL DESCRIPTION OF THE PROPERTY. AND THE LEASE
17 OPTION FOR LEASE 21 AND ALSO FOR LEASE 20 DIDN'T HAVE ANY
18 LEGAL DESCRIPTION AT THAT TIME OF WHAT THE PROPERTY WAS EXCEPT
19 FOR ONE. AND I WENT AND LOOKED MORE CLOSELY AT THAT. AND I
20 FOUND THAT THE BOUNDARY LINES, THERE ARE DOCKS BUILT OUTSIDE
21 OF THE BOUNDARY LINE. THAT THERE'S ACTUALLY AN ERROR, THIS
22 SORT OF CAVALIER WAY OF PROCEEDING SEEMS TO HAVE LED TO SOME
23 KIND OF ERROR. AND SO THERE'S DOCKS THAT ARE BUILT FOR PARCEL
24 21 THAT DON'T BELONG TO PARCEL 21. AND THE UPSHOT IS THAT WHEN
25 THEY REDO THE THING THEY'RE GOING TO THROW AWAY A COUPLE OF



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1 DOCKS, WHICH WILL CUT DOWN ON THE SLIPS. AND I'M CONCERNED
2 THAT THIS LEGAL MIND SHOULD BE ABLE TO LOOK AT SOMETHING AS
3 COMPLICATED AS THESE LEASES, WHICH INVOLVE SOMETHING THAT
4 REMINDS ME OF READING A CHESS GAME. YOU MOVE HERE, THEN THE
5 OTHER GUY MOVES THERE. YOU MOVE HERE. IT'S VERY DIFFICULT TO
6 FIGURE OUT WHAT'S GOING TO HAPPEN IN THE FUTURE IF YOU WRITE
7 LEGAL DOCUMENTS LIKE THAT. IF THE COUNTY IS BOUND TO
8 SOMETHING, IF THIS YACHT CLUB DECIDES TO TAKE THEIR LEASE UP
9 AFTER SEVEN YEARS, THEN THIS HAPPENS; OTHERWISE IT DOESN'T,
10 THEN THERE'S A COMBINATION HERE. HOW ARE YOU GOING TO HAVE A
11 GOOD DESCRIPTION OF HOW THE TRAFFIC IS GOING, OF HOW THE
12 PEOPLE ARE GOING AND THINGS LIKE THAT? I FIND THAT SYSTEM VERY
13 POOR AND I THINK THAT A GOOD LAWYER SHOULD BE ABLE TO HELP US
14 THERE. THANK YOU.

15

16 **SUP. BURKE, CHAIR:** THANK YOU. DOCTOR DELANGE

17

18 **DANIEL GOTTLIEB:** OH. I'D LIKE YOU TO GIVE THIS EXERCISE TO ZEV
19 YAROSLAVSKY.

20

21 **DAVID DELANGE:** I'M DAVID DELANGE, EXECUTIVE DIRECTOR TO SAVE
22 THE MARINA AND ROAD WARRIOR. I HAVE JUST DRIVEN DOWN FROM THE
23 BAY AREA WHERE I LEFT MY HEART ALL OVER AGAIN IN SAN FRANCISCO
24 AND CAME TO BE HERE. SO I'M JUST FRESH FROM THE ROAD. THAT'S



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1 WHY I LOOK THE WAY I LOOK. I'D LIKE TO ASK A QUESTION. IS MR.
2 DEBLANC HERE?

3

4 **SUP. BURKE, CHAIR:** I DON'T THINK SO.

5

6 **DAVID DELANGE:** OH, I WANTED TO SAY SOME THINGS. I HOPE HE
7 REVIEWS THE TAPE SINCE HE'S UP FOR APPOINTMENT. IT'S
8 INTERESTING AND CURIOUS TO ME THAT HE'S NOT HERE. BUT I HOPE
9 HE GETS A CHANCE TO REVIEW OUR REMARKS. THE QUALITIES THAT I
10 WOULD LIKE TO SEE HIM EXHIBIT MAINLY BEGIN WITH INDEPENDENCE.
11 THIS WOULD BE A PERSON, WHO ON THIS ADVISORY BOARD ACTS AS
12 SOMEONE WHO GIVES ADVICE, NOT MERELY REFLECTING OR MIRRORING
13 THE KNOWN OR DISCERNED ON HIS PART VIEWS OF HIS BOARD OF
14 SUPERVISOR MAJORITY BUT TRULY GIVES INDEPENDENT ADVICE TO YOU.
15 SOMEONE WHO FURTHERMORE IS INDEPENDENT IN THE SENSE OF ACTING
16 AS A LIAISON; THAT IS TO SAY, COMMUNICATES AFTER INTERPRETING
17 THE VIEWS OF THE PUBLIC TO THE BOARD SO THAT THAT ADDED INPUT,
18 SO LONG AS IT'S MERELY AN ADVISORY CAPACITY, IS ONE THAT HAS
19 SOME REAL FUNCTIONAL VALUE RATHER THAN A MIRRORING OF THE
20 BOARD OF SUPERVISORS. I'D LIKE THIS TO BE A PERSON WHO WOULD
21 BE WILLING, ON CERTAIN OCCASIONS, TO VOTE AGAINST THE
22 PREDOMINANT WILL OF THE SUPERVISORS, INCLUDING HIS OR HER OWN
23 SUPERVISOR. SOMEONE WHO, IN FACT, WOULD BE WILLING, THEREFORE,
24 TO REALLY RISK THE POSSIBILITY OF BEING FIRED, LET GO FOR
25 STANDING FOR THE THINGS THAT HE BELIEVES IN AND DISCERNS AND



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1 SEES. AS TO THE ROLE OF THE COMMISSION, ALONG WITH SEVERAL OF
2 MY FELLOW CITIZENS, THERE IS A WISH THAT THIS COMMISSION HAVE
3 IMPROVED OR INCREASED DISCRETIONARY POWER. IT'S A LOCAL BODY
4 JUST AT A TIME WHEN YOU'RE CONTEMPLATING TAKING AWAY SOME OF
5 THE AUTHORITY AND DISCRETION OF THE DESIGN CONTROL BOARD, WE
6 WOULD WISH YOU WOULD DO THE OPPOSITE, NOT ONLY WITH THAT
7 OUTFIT BUT AS WELL WITH THE SMALL CRAFT HARBOR COMMISSION.
8 GIVE IT SOME DISCRETION, SOME DECISION MAKING POWER. I'D LIKE
9 TO SEE A COMMISSIONER WILLING TO FIGHT FOR THAT, TAKE A STAND
10 WITH HIS OWN APPOINTING AUTHORITY, YOU SUPERVISORS OR HIS OWN
11 SUPERVISOR, AND SAY "GIVE US SOME DISCRETION. WE ARE ON THE
12 GROUND HERE. WE SEE AND KNOW MORE WHAT'S ON THE GROUND. " IT
13 MIGHT BE AN INTERESTING THING TO WATCH THE EVOLUTION OF AN
14 ORGANIZATION, WHICH STARTS, WELL, LIKE THE QUEEN OF ENGLAND,
15 ONLY IT WOULD BE A REVERSE PROCESS. SHE STARTED WITH A LOT OF
16 POWER AND HAS A LOT LESS NOW DUE TO A PROCESS. OTHERS FOUGHT
17 FOR IT AND GOT IT. WE'D ASK THIS OF MR. DEBLANC. THANK YOU
18 VERY MUCH.

19
20 **SUP. BURKE, CHAIR:** MR. BARISH AND THEN NANCY MARINO.

21
22 **DAVID BARISH:** GOOD AFTERNOON SUPERVISORS. MY NAME IS DAVID
23 BARISH AND I'M A RESIDENT OF MARINA DEL REY. I'M HERE TO SPEAK
24 ABOUT THE APPOINTMENT OF ALBERT DEBLANC, JR. TO THE SMALL
25 CRAFT HARBOR COMMISSION. I HAVE A FEW WORDS OF ADVICE FOR HIM



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1 AS HE JOINS OUR COMMUNITY. THE SMALL CRAFT HARBOR COMMISSION
2 CAN AND SHOULD PLAY A SIGNIFICANT ROLE IN SHAPING MARINA DEL
3 REY DEVELOPMENT AND IN LOOKING AFTER ITS VIBRANT BOATING AND
4 RESIDENTIAL COMMUNITY. BUT FROM MY EXPERIENCE ATTENDING
5 MEETINGS OVER THE PAST YEAR I CANNOT SAY THIS HAS. THE
6 COMMISSION SHOULD NOT BE A RUBBER STAMP FOR DEVELOPERS AND I'M
7 PLEASED THAT OUR NEWEST CHAIR, MR. LESSER, HAS CHANGED THE
8 MEETING FORMAT FOR THE BETTER. I URGE MR. DEBLANC TO ENSURE
9 THAT HE UNDERSTANDS THE COMMISSION'S DUTIES AND OBLIGATIONS
10 AND, MOST IMPORTANTLY, ITS RIGHTS IN REVIEWING DEVELOPMENT
11 PROJECTS AND OTHER ISSUES THAT COME BEFORE IT. I ASK MR.
12 DEBLANC TO BE INDEPENDENT, NOT ONLY IN FACT BUT IN APPEARANCE,
13 AND TO SHOW RESPECT FOR AND TRANSPARENCY IN THE GOVERNMENT
14 PROCESS. UNFORTUNATELY, AS MR. DEBLANC WILL SEE, COUNTY STAFF
15 HAS SHOWN NEITHER AT COMMISSION MEETINGS. THEY OPENLY FLAUNT
16 THEIR CLOSE RELATIONSHIPS WITH DEVELOPERS AS WE SPEAK AT THE
17 PODIUM DEFENDING THE COMMUNITY AND SPIRIT OF MARINA DEL REY. I
18 ASKED MR. DEBLANC TO BE DILIGENT WHEN REVIEWING MATERIALS,
19 BOARD LETTERS, LEASE AGREEMENTS, VERBAL INFORMATION PUT BEFORE
20 THE COMMISSION BY BEACHES AND HARBORS AND COUNTY STAFF. WHY?
21 BECAUSE AT EACH COMMISSION MEETING, WE CATCH COUNTY STAFF
22 MAKING STATEMENTS THAT ARE INCORRECT, INCONSISTENT,
23 EXAGGERATED, CHANGED AND/OR DECEPTIVE. OFTEN THEY FEIGN
24 IGNORANCE WHEN THEY KNOW EXACTLY WHAT IS BEING ASKED OF THEM.
25 AND WHEN DEFENDING DEVELOPMENT AND LESSEES, COUNTY STAFF IS



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1 ABLE TO RECITE THE MINUTEST OF DETAILS. WHEN ASKED QUESTIONS
2 FROM THE PUBLIC, THEY CAN NOT RECALL AND WILL GET BACK TO
3 US AT THE NEXT MEETING. IN THEIR ADVISORY LETTERS TO THE
4 BOARD, BEACHES AND HARBORS OFTEN OMIT CERTAIN DETAILS OF THE
5 SURROUNDING TRANSACTIONS WHICH WERE BURIED IN THE LEASE OR
6 OPTION AGREEMENTS. FINALLY LEASE AGREEMENTS FOR THE PUBLIC
7 LANDS OF MARINA DEL REY ARE POORLY WRITTEN. THEY ARE RIFE WITH
8 CLAUSES THAT ON THE ONE HAND CLEARLY STATE COUNTY'S POSITION
9 AND EXERT ITS FORCE ON DEADLINES, BUT THEN, AND
10 NOTWITHSTANDING THE FOREGOING CLAUSES TACKED ON AT THE END,
11 THAT CREATES A LARGE LOOPHOLE FOR THE DEVELOPERS. PLEASE
12 REMEMBER THAT THE COUNTY AND LESSEE ARE NOT THE ONLY PARTIES
13 TO THESE DEALS. THE PUBLIC HAS AN INTEREST IN THESE LEASES,
14 TOO. FINALLY MR. DEBLANC, I'M SURE YOU WILL SHOW THE UTMOST
15 RESPECT FOR THE GOVERNMENT PROCESS, NOT JUST COUNTY PROCESS
16 BUT ALL GOVERNMENT AGENCIES. UNFORTUNATELY, YOU WILL SEE AT
17 THE COMMISSION MEETINGS THE COUNTY STAFF HAS SHOWN LITTLE
18 RESPECT FOR THE PROCESS AND HAVE PUBLICLY DERIDED THE COASTAL
19 COMMISSION AND THEIR MAJOR FINDINGS AND RECOMMENDATIONS THAT
20 CARRY A SIGNIFICANT IMPACT ON THE FUTURE OF MARINA DEL REY.
21 THANK YOU.

22
23 **SUP. BURKE, CHAIR:** THANK YOU. MISS MARINO?
24



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1 **NANCY MARINO:** GOOD AFTERNOON, SUPERVISORS, MY NAME IS NANCY
2 VERNON MARINO AND I, TOO, AM A RESIDENT OF MARINA DEL REY.
3 FIRST OF ALL, I WOULD LIKE TO SECOND THE CALL BY DR. DELANGE
4 AND MR. NEHHAS FOR AN INDEPENDENT COMMISSIONER AND ALSO FOR AN
5 INDEPENDENT SMALL CRAFT HARBOR COMMISSION. WHILE MR. DEBLANC
6 APPEARS TO BE IMMINENTLY WELL QUALIFIED TECHNICALLY, IN ORDER
7 TO ASCERTAIN HIS OBJECTIVITY AS A POTENTIAL SMALL CRAFT HARBOR
8 COMMISSION MEMBER, WE REQUEST THE FOLLOWING DISCLOSURES BY MR.
9 DEBLANC PRIOR TO THIS BOARD'S VOTE FOR OR AGAINST HIS
10 CONFIRMATION. FIRST, HIS FINANCIAL RELATIONSHIPS, IF ANY, WITH
11 ANY MARINA DEL REY LESSEE OR COMMERCIAL TENANT OR THEIR
12 AGENTS. SECONDLY, HIS FINANCIAL RELATIONSHIPS WITH OTHER L.A.
13 COUNTY DEPARTMENTS OR COUNTY-RELATED AGENCIES. WE WOULD LIKE
14 TO KNOW MR. DEBLANC 'S POSITION ON A MASTER PLAN, INCLUDING A
15 COMPREHENSIVE E.I.R. FOR MARINA DEL REY, VERSUS THE PRESENT
16 PIECEMEAL APPROACH TO REDEVELOPMENT. WHAT ARE HIS VIEWS ON
17 PROPOSED PRIVATE DEVELOPMENT THAT DOES NOT CONFORM TO OUR
18 CERTIFIED LOCAL COASTAL PROGRAM, AND ON THE LACK OF A PROPOSED
19 DRAFT AMENDMENT, EVEN, IN SUPPORT OF THESE PROJECTS? WE WOULD
20 ALSO LIKE TO KNOW IF MR. DEBLANC HAS BEEN FULLY APPRISED OF
21 THE PUBLIC RECREATION INTENT OF MARINA DEL REY, INCLUDING
22 HOUSE DOCUMENT 389, WHICH ESTABLISHED THE PURPOSE AND THE
23 FUNDING SUPPORT FOR THE MARINA. IS HE AWARE OF THE COUNTY'S
24 GOAL FOR PARKS AND OPEN SPACE IN UNINCORPORATED AREAS OF 4
25 ACRES PER 1,000 RESIDENTS? IS HE AWARE THAT THE COUNTY HAS



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1 ONLY MET 12 PERCENT OF THAT TARGET? IS HE FAMILIAR WITH THE
2 RESEARCH OF MICHIGAN STATE UNIVERSITY'S DR. ED MAHONEY THAT
3 THERE IS NO "FREE MARKET" IN MARINAS AND RECREATIONAL BOATING
4 DUE TO RESTRICTED SUPPLY. THESE ARE SOME OF OUR CONCERNS
5 REGARDING YOUR DESIGNEE. IN SUMMARY, WE ARE CONCERNED THAT MR.
6 DEBLANC BRING TO THE SMALL CRAFT HARBOR COMMISSION WHAT THE
7 OFFICIAL MARINA DEL REY STUDY BY U.S.C. SEA GRANT PROJECT
8 PROMISED MANY YEARS AGO, TO WIT, INCREASES IN PUBLIC SPACE CAN
9 BE EXPECTED ONLY WHEN THE MARINA'S DEBTS ARE PAID AND THE
10 DEMANDS OF THE GENERAL PUBLIC CAN BE ACCORDED EQUAL IMPORTANCE
11 WITH THOSE OF PRIVATE INVESTORS. PLEASE INSTRUCT MR. DEBLANC
12 TO HELP THE SMALL CRAFT HARBOR COMMISSION FULFILL THAT
13 PROMISE. THE MARINA'S DEBT WAS PAID OFF IN 1993, AND WE ARE
14 STILL WAITING FOR THAT PROMISE TO BE FULFILLED. THANK YOU FOR
15 YOUR CONSIDERATION.

16
17 **SUP. BURKE, CHAIR:** THANK YOU. THAT CONCLUDES THE REQUESTS TO
18 SPEAK. I MOVE ITEM 1, APPOINTMENT OF MR. DEBLANC. SECONDED BY
19 YAROSLAVSKY, WITHOUT OBJECTION, SO ORDERED. AT THIS TIME WHY
20 DON'T WE TAKE UP S-2? CAN WE GET THE DEPARTMENT? IS DR.
21 CHERNOF HERE? IF HE'S NOT READY, I'LL GO ON WITH SOME OF THE
22 OTHER ITEMS. HERE'S DR. CHERNOF. THANK YOU. DR. CHERNOF?

23
24 **DR. BRUCE CHERNOF:** SUPERVISORS, I AM VERY PLEASED TO SHARE
25 WITH ALL OF YOU THAT BECAUSE OF THE INTERVENTIONS DESCRIBED



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1 LAST WEEK IN FRONT OF YOUR BOARD, THAT HARBOR, DURING AN
2 UNANNOUNCED VISIT LATE LAST WEEK, WAS ABLE TO HAVE ITS
3 IMMEDIATE JEOPARDY LIFTED BASED UPON THE INTERVENTIONS TAKEN.
4 WE HAVE PROVIDED YOUR BOARD WITH A REPORT THAT ANSWERS, WE
5 HOPE, THE MAJORITY, IF NOT ALL OF THE QUESTIONS THAT WERE
6 RAISED FOR DATA AND WHERE WE ARE. DOCTOR SPLANO, MY COMMITMENT
7 TO YOUR BOARD IS TO CONTINUE THE WORK AT HARBOR. THIS IS NOT
8 ABOUT SIMPLY SOLVING THE IMMEDIATE JEOPARDY ISSUE, NOR IS THIS
9 FRANKLY A CHALLENGE ABOUT ONE HOSPITAL. BUT THIS IS ABOUT
10 DEALING WITH ALL THE IMPACTED HOSPITALS, BOTH PUBLIC AND
11 PRIVATE, THAT HAVE BEEN AFFECTED BOTH BY THE KING CLOSURE AS
12 WELL AS THE OTHER PRIVATE CLOSURES IN THE SOUTH LOS ANGELES
13 AND SOUTH BAY AREAS. SO THIS IS GOOD NEWS FOR HARBOR. THE
14 STAFF THAT DID A SUPERB JOB AND SHOULD BE RECOGNIZED FOR THAT.
15 AND I AM VERY PROUD OF MY TEAM WHO HELPED THEM GET OVER THE
16 LINE. AND WITH THAT, WE WILL BE BACK TO YOUR BOARD ON A
17 REGULAR BASIS TO UPDATE YOU WITH INFORMATION.

18

19 **SUP. BURKE, CHAIR:** WELL I WOULD LIKE TO SAY WE HAVE SOME
20 PEOPLE WHO WISH TO SPEAK, BUT I'D LIKE TO SAY TO THE HARBOR
21 STAFF, WE APPRECIATE SO MUCH THEIR GETTING UP TO THE PLATE.
22 [APPLAUSE.] AND DOING WHAT THEY'VE BEEN DOING SO WELL. THIS IS
23 OUR PREMIER HOSPITAL. IT HAS BEEN NATIONALLY RECOGNIZED. THEY
24 HAVE BEEN UNDER TREMENDOUS STRAIN. AND I WOULD LIKE TO SAY TO
25 THE STAFF, STAY IN THERE. WE DON'T WANT TO KEEP LOSING STAFF



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1 BECAUSE PEOPLE THINK IN ANY WAY THAT THIS BOARD HAS LOST
2 CONFIDENCE IN YOUR ABILITY TO MOVE FORWARD. SO I WANT TO THANK
3 YOU FOR TAKING THE NECESSARY STEPS. BUT IF THEY CONTINUE TO
4 GET MORE PATIENTS WITHOUT THE SPACE, I DON'T KNOW WHAT
5 HAPPENS.

6

7 **DR. BRUCE CHERNOF:** EVERY HOSPITAL, BOTH PUBLIC AND PRIVATE,
8 FACES THIS CHALLENGE.

9

10 **SUP. BURKE, CHAIR:** YES, BUT HARBOR A LITTLE BIT MORE THAN
11 EVERYONE ELSE.

12

13 **DR. BRUCE CHERNOF:** I'M WITH YOU THERE.

14

15 **SUP. KNABE:** MADAME CHAIR?

16

17 **SUP. BURKE, CHAIR:** YES, SUPERVISOR KNABE.

18

19 **SUP. KNABE:** I ADD TO THAT. EVERY HOSPITAL IS FACING THAT. BUT
20 THE THING THAT CONCERNED ME EARLY ON WAS WHETHER OR NOT WE
21 WERE SHORING UP HARBOR U.C.L.A., BECAUSE THE IMPACT, WITH THE
22 CLOSURE OF M.L.K., WAS IMMEDIATE ON THEM. I THINK THEY HAVE
23 JUST DONE AN ABSOLUTELY PHENOMENAL JOB DOWN THERE. WE HAD THAT
24 ONE INCIDENT DOWN THERE WHERE IT CREATED A SITUATION FOR THEM,
25 BUT THE CULTURE THERE WAS TO FIX THE PROBLEM AND FIX IT AS



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1 FAST AS POSSIBLE. I JUST WANT TO COMMEND, AS SUPERVISOR BURKE
2 SAID, EVERYONE,. STAFF MEMBERS, YOUR TEAM THAT WAS DOWN THERE.
3 BUT I ALSO WANT TO REITERATE, I WANT TO MAKE SURE WE'RE NOT
4 SHORTCHANGING RESOURCES TO MAKE SURE THAT THEY-- WHERE THEY
5 ARE, WHETHER IT BE THE HOSPITAL, WHETHER IT BE THE CORE
6 PROGRAM, WHATEVER IT MAY BE. THEY NEED TO BE SHORED UP BECAUSE
7 THAT IMPACT-- AND MY FRUSTRATION, YOU GAVE ME THE REPORT THAT
8 EVERYTHING WAS MOVING ALONG OKAY AND NO REAL IMPACT, BUT IT
9 WAS BUILDING AND IT GOT TO A CRESCENDO. SO I THINK EVERYBODY
10 IS AWARE OF THAT. WE'RE ALL IN TUNE ON THAT. BUT WE NEED TO
11 MAKE SURE THAT THAT HOSPITAL AND THAT GREAT TEAM DOWN THERE
12 HAS THE RESOURCES NECESSARY TO DEAL WITH WHAT THEY'RE DEALING
13 WITH IN THIS PARTICULAR SITUATION.

14

15 **DR. BRUCE CHERNOF:** ABSOLUTELY, SUPERVISOR.

16

17 **SUP. BURKE, CHAIR:** WELL THERE ARE THREE PEOPLE WHO HAVE ASKED
18 TO SPEAK. DR. CLAVREUL, KAREN MORRIS AND ARNOLD SACHS. WOULD
19 YOU PLEASE COME FORWARD? I'LL CALL THE FIRST PERSON WHO GETS
20 HERE FIRST. DR. CLAVREUL, YOU'RE THE FIRST PERSON UP HERE, SO
21 YOU SPEAK FIRST.

22

23 **DR. GENEVIEVE CLAVREUL:** GOOD AFTERNOON, BOARD OF SUPERVISORS,
24 DR. GENEVIEVE CLAVREUL. I'M GLAD TO SEE THE CORRECTIONS WERE
25 MADE. BUT AS WE ALL KNOW, THE CITY HOSPITAL WHO DOES NOT HAVE



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1 THE SPACE, ESPECIALLY THE SURGERY SUITES, SOMETHING NEEDS TO
2 BE DONE. I THINK THE EMPLOYEES AT HARBOR U.C.L.A. ARE DOING A
3 GREAT JOB BUT YOU CAN ONLY DO SO MUCH WHEN YOU DON'T HAVE THE
4 PHYSICAL CAPABILITY TO DO THE WORK. I THINK AT HARBOR, THIS IS
5 REALLY WHAT THE SITUATION IS. THE FACILITY IS NOT ON THE SIZE
6 TO ACCOMMODATE ALL THE PATIENTS. AND I THINK WE NEED TO REALLY
7 LOOK AT THAT AND DO SOMETHING AS SOON AS POSSIBLE. THANK YOU.

8

9 **SUP. BURKE, CHAIR:** WELL WE DO HAVE A SURGERY CENTER THAT IS
10 COMING ALONG. NOT FAST ENOUGH. NOT FAST ENOUGH.

11

12 **KAREN MORRIS:** KAREN MORRIS, RESEARCH AND POLICY, S.E.I.U.
13 7201. WE ARE VERY PROUD OF THE WORK OF OUR MEMBERS AT HARBOR
14 U.C.L.A. WE HAVE BEEN PART OF THE EFFORT TO BRING THE HOSPITAL
15 OUT OF C.M.S. IMMEDIATE JEOPARDY AND INTO FULL COMPLIANCE. WE
16 WILL BE WORKING CLOSELY WITH THE HOSPITAL ADMINISTRATION TO
17 ENSURE THAT THE PLAN OF CORRECTION IS SUSTAINED AND PATIENT
18 SAFETY IS PROTECTED. WE BELIEVE THAT THROUGH PARTNERSHIP WE
19 CAN ACHIEVE THIS, INCLUDING PASSING THE CRITICAL UPCOMING
20 JOINT COMMISSION SURVEY. THE CHALLENGES RELATED TO HARBOR
21 U.C.L.A. EMERGENCY ROOM ARE DIRECTLY LINKED TO OUR SYSTEM'S
22 CAPACITY TO PROVIDE OUTPATIENT SERVICES. AS WE WORK TO ADDRESS
23 ISSUES RELATED TO OVERCROWDING AND LONG WAIT TIMES IN OUR
24 E.R.S IT WOULD BE A FATAL ERROR TO REDUCE OUR CLINIC'S
25 SERVICES. FEWER OUTPATIENT VISITS THROUGH EITHER CLOSURES OR



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1 AS A FALLOUT OF PRIVATE INVASION MEAN MORE E.R. VISITS.
2 PATIENTS WITH LIMITED OPTIONS TO SEEK PREVENTATIVE CARE IN OUR
3 COUNTY CLINICS ARE MORE LIKELY TO END UP SEEKING CARE IN OUR
4 EMERGENCY ROOMS. TO TREAT THE DISCUSSIONS OF CLINIC CAPACITY
5 AND E.R. OVERCROWDING AS TWO SEPARATE ISSUES MISSES THE VERY
6 REAL LINK BETWEEN THE TWO. INSTEAD OF A RUSH TO CLOSURE OR
7 PRIVATIZATION, WE NEED A THOUGHTFUL STRATEGY THAT LOOKS AT THE
8 ENTIRE SYSTEM AND THE NEEDS OF OUR PATIENTS WITHIN IT. ANY
9 MOVE TO REDUCE OUTPATIENT SERVICES WILL HAVE A DESTABILIZING
10 EFFECT ON THE EMERGENCY DEPARTMENT AT HARBOR U.C.L.A. AND ON
11 THE LARGER SYSTEM OF WHICH IT IS A PART. THANK YOU.

12

13 **SUP. BURKE, CHAIR:** THANK YOU. MR. SACHS?

14

15 **ARNOLD SACHS:** THANK YOU, GOOD AFTERNOON. CONGRATULATIONS ON
16 SUCCESSFULLY PASSING THE MANDATE THAT WAS ISSUED. BUT I REALLY
17 WOULD HAVE LIKED TO HAVE HEARD SOME OF THE REPORTS FROM DR.
18 CHERNOF REGARDING SOME OF THE QUESTIONS THAT WERE ASKED LAST
19 WEEK IN DEALING WITH THE TIME OF VISIT THAT SOMEBODY COMES
20 INTO A HOSPITAL AND WHEN THEY'RE SEEN BY A PHYSICIAN AND THE
21 DIFFERENT QUESTIONS THAT WERE ASKED BY THE SUPERVISORS.
22 ALTHOUGH HE SAID THAT THE HOSPITAL PASSED ITS INSPECTION, NONE
23 OF THAT INFORMATION WAS GIVEN OUT AT THIS MEETING. AND WE WERE
24 TOLD AT THE LAST MEETING THAT THAT INFORMATION WAS REQUESTED
25 BY THE SUPERVISORS AND WOULD BE GIVEN TO US AT THIS MEETING.



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1 SO BASICALLY BY PASSING THIS INSPECTION, IT SEEMS TO ME THAT
2 THE INFORMATION THAT WAS REQUESTED HAS BEEN PUT ON THE BACK
3 BURNER AND MAY NOT BE AVAILABLE TO THE PUBLIC. AND I'D JUST
4 LIKE TO KNOW THAT IT IS AVAILABLE. THANK YOU FOR YOUR TIME.

5

6 **SUP. BURKE, CHAIR:** DON'T LEAVE. WE'LL CALL UP ITEM 13. ARE YOU
7 HOLDING 13?

8

9 **ARNOLD SACHS:** I THINK I'M HOLDING 13.

10

11 **SUP. BURKE, CHAIR:** AND I THINK YOU'RE HOLDING 18.

12

13 **SUP. MOLINA:** THE QUESTIONS THAT I HAD, THAT IS FOR MY
14 INFORMATION. IS THAT WHAT YOU'RE TALKING ABOUT?

15

16 **ARNOLD SACHS:** I WAS TALKING ABOUT THE-- I KNOW THAT SEVERAL OF
17 THE SUPERVISORS WERE CONCERNED ABOUT THE EXPLANATION HE WAS
18 GIVING FOR THE TIME OF WHEN A PERSON SHOWS UP BETWEEN-- FOR A
19 VISIT-- WHEN HE'S SEEN BY AN INTERN OR WHEN HE'S SEEN BY A
20 DOCTOR AND WHEN HE'S GOTTEN CARE. IT WAS A DIFFERENT RATIO OR
21 STATISTIC FOR THAT. THAT WAS INFORMATION THAT WAS PROMISED TO
22 BE GIVEN TO THE PUBLIC.

23

24 **SUP. MOLINA:** NO. YOU'RE MISINFORMING THE PUBLIC, OKAY?

25



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1 **ARNOLD SACHS:** I'M SORRY.

2

3 **SUP. MOLINA:** DON'T DO THAT. I ASKED THE QUESTIONS FOR ME.

4

5 **ARNOLD SACHS:** YOU ASKED THE QUESTIONS FOR YOU.

6

7 **SUP. MOLINA:** THAT'S CORRECT.

8

9 **ARNOLD SACHS:** BUT WEREN'T YOU ASKING THE QUESTIONS WITH REGARD
10 TO PUBLIC SAFETY?

11

12 **SUP. MOLINA:** I ASKED THE QUESTIONS FOR MYSELF. I JUST WANT TO
13 CLARIFY.

14

15 **SUP. BURKE, CHAIR:** STAY RIGHT WHERE YOU ARE. ITEM 13, 18, 33,
16 47.

17

18 **CLERK SACHI HAMAI:** MADAME CHAIR, ON ITEM S-2, DO YOU WANT TO
19 RECEIVE AND FILE?

20

21 **SUP. BURKE, CHAIR:** RECEIVE AND FILE, WITHOUT OBJECTION.

22

23 **ARNOLD SACHS:** ITEM 13 DEALS WITH THE GRANT, \$19 MILLION
24 HOMELAND SECURITY GRANT PROGRAM. I SEE ALL THIS AUTHORIZATION
25 GOING OUT, BUT I'D LIKE TO SEE THAT THERE'S SOME KIND OF AUDIT



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1 DONE ON A TIMELY MANNER TO SEE WHERE THE MONEY IS GOING TO AND
2 WHAT THE MONEY IS SPENT ON AND THAT IT'S BEING SPENT IN A
3 TIMELY MANNER AND THERE'S NOTHING IN THIS ITEM ON YOUR AGENDA
4 THAT SPECIFIES OR ASKS FOR AN AUDIT TO BE INCLUDED IN THE
5 DISTRIBUTION OF THE FUNDING. AND I THINK THAT'S IMPORTANT TO
6 HAVE, ESPECIALLY \$19 MILLION WORTH.

7

8 **SUP. BURKE, CHAIR:** ALL RIGHT MOVED BY ANTONOVICH, SECONDED BY
9 YAROSLAVSKY.

10

11 **ARNOLD SACHS:** THANK YOU FOR YOUR ANSWERS.

12

13 **SUP. BURKE, CHAIR:** WITHOUT OBJECTION, SO ORDERED. THE NEXT
14 ITEM IS 18.

15

16 **ARNOLD SACHS:** EIGHTEEN DEALS WITH CANCELLATION OF A SHUTTLE, A
17 METRO SHUTTLE. AND ACCORDING TO WHAT THEY SAY, BECAUSE PUBLIC
18 TRANSPORTATION RUNS REGULARLY FROM THE METRO STATION TO THE
19 DEPARTMENT'S OFFICE. IT DOESN'T NECESSARILY MENTION WHICH
20 METRO STATION WE'RE TALKING ABOUT. AND HAVING BEEN TO MANY
21 DIFFERENT COUNCIL MEETINGS FOR METRO, METRO DISTRICT MEETINGS,
22 THEY SEEM TO IMPLY THAT WHEN THEY'RE CUTTING SERVICE, THEY'RE
23 CUTTING EAST/WEST SERVICE, IT'S NOT NECESSARILY LOSING SERVICE
24 BECAUSE THE STOPS THAT MAY BE AFFECTED HAVE NORTH/SOUTH
25 SERVICE. AND THEY'RE REALLY NOT THE SAME. SO I WAS JUST



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1 CURIOUS TO KNOW THAT-- WHAT KIND OF SERVICES ARE AVAILABLE AT
2 THIS METRO STOP? AND WHERE IS THIS METRO STATION? THANK YOU
3 FOR YOUR ANSWERS. THANK YOU FOR YOUR TIME.

4

5 **SUP. BURKE, CHAIR:** MOVED BY KNABE, SECONDED BY YAROSLAVSKY.
6 WITHOUT OBJECTION, SO ORDERED.

7

8 **SUP. KNABE:** MADAME CHAIR? YOUR QUESTION ABOUT THE GRANTS. IN
9 THE GRANT, THERE IS AUDIT PROVISIONS BY THE DEPARTMENT OF
10 HOMELAND SECURITY. OBVIOUSLY WE HAVE TO CONTROL IT INTERNALLY
11 BUT WE HAVE TO BE PREPARED FOR ON THE SPOT AUDITS FROM THE
12 DEPARTMENT. SO THAT MONEY IS AUDITED. BUT THE AUDIT'S AT THE
13 OTHER END.

14

15 **ARNOLD SACHS:** THAT'S ALL I'M ASKING FOR. THANK YOU, SIR.

16

17 **SUP. BURKE, CHAIR:** ITEM 47?

18

19 **ARNOLD SACHS:** YOU SKIPPED 22, MA'AM.

20

21 **SUP. BURKE, CHAIR:** WE'RE GOING TO COME BACK TO ITEM 22 BECAUSE
22 DR. CLAVREUL WANTS TO SPEAK ON THAT, TOO. 33 MOVED BY KNABE,
23 SECONDED BY YAROSLAVSKY; WITHOUT OBJECTION, SO ORDERED.

24

25 **ARNOLD SACHS:** I HAVEN'T DONE 33, MA'AM.



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1

2 **SUP. BURKE, CHAIR:** OKAY.

3

4 **ARNOLD SACHS:** SO SHOULD I DO 33 NOW?

5

6 **SUP. BURKE, CHAIR:** YES, PLEASE DO IT NOW.

7

8 **ARNOLD SACHS:** (LAUGHING) THIRTY-THREE IS FUNDING FOR SOME BUS
9 SHELTER BENCHES OR BUS SHELTER FACILITIES IN THE
10 UNINCORPORATED COMMUNITIES OF HACIENDA HEIGHTS, SOUTH SAN JOSE
11 HILLS AND WEST ARCADIA. WILL ANY FUNDING BE AVAILABLE FOR THE
12 FOURTH DISTRICT FOR BUS FACILITIES, BUS SHELTER FACILITIES IN
13 THE UNINCORPORATED AREA THERE? THANK YOU FOR YOUR ANSWERS AND
14 THANK YOU FOR YOUR TIME.

15

16 **SUP. BURKE, CHAIR:** I THINK IT SAYS 1, 4 AND 5. MOVED BY KNABE,
17 SECONDED BY ANTONOVICH; WITHOUT OBJECTION, SO ORDERED ON 33.
18 AND THE NEXT ITEM IS 47, I'M SORRY.

19

20 **ARNOLD SACHS:** FORTY-SEVEN. THIS MATTER, THE LOS ANGELES COUNTY
21 CAPITAL ASSET LEASING CORPORATION, THAT'S SEPARATE AND APART
22 FROM ANYTHING INVOLVED LOS ANGELES COUNTY, IS THAT CORRECT? OR
23 IS THAT A FOR PROFIT CORPORATION? D CORPORATION? OR IS THAT
24 ANY DUE PART OF THE COUNTY? I'M JUST ASKING FOR CLARIFICATION.

25



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1 **SUP. BURKE, CHAIR:** IT'S PART OF THE COUNTY. THANK YOU FOR YOUR
2 ANSWERS AND THANK YOU FOR YOUR TIME.

3

4 **SUP. BURKE, CHAIR:** AND WE'LL CALL UP 22 NEXT. SUPERVISOR
5 ANTONOVICH MOVES 47. SUPERVISOR YAROSLAVSKY SECONDS. WITHOUT
6 OBJECTION, ITEM 47 IS APPROVED. NOW, ITEM 22, DR. CLAVREUL,
7 YOU ASKED TO SPEAK ON 22. WOULD YOU PLEASE COME FORWARD? AND
8 MR. SACHS, YOU CAN START ON 22.

9

10 **ARNOLD SACHS:** ITEM 22, JUST GENERALLY SPEAKING, GOING THROUGH
11 THIS, YOU ACTUALLY HAVE 93 DIFFERENT SERVICE AGREEMENTS WITH
12 DIFFERENT HUMAN H.I.V./A.I.D.S. ORGANIZATIONS? THERE'S 54 IN
13 THE FIRST TWO PARTS OF THE ITEM OF YOUR AGENDA THEN THERE'S
14 14, 17 AND 8. ISN'T THERE SOME-- DOES ANYBODY REALIZE OR
15 ANYBODY THINK ABOUT THE FACT THAT THERE COULD BE DUPLICATION
16 WITH ALL THESE DIFFERENT ORGANIZATIONS? OR ARE SOME OF THESE
17 SERVICE CONTRACTS, SERVICE AGREEMENTS THAT ARE WITHIN THIS
18 ITEM ON YOUR AGENDA WITH THE SAME CONTRACTING COMPANY? THAT'S
19 AN AWFUL LOT OF A.I.D.S. ORGANIZATIONS.

20

21 **SUP. BURKE, CHAIR:** ALL RIGHT. YES.

22

23 **DR. GENEVIEVE CLAVREUL:** GOOD AFTERNOON. DR. GENEVIEVE
24 CLAVREUL. I HAVE ASKED THE DOCUMENT VIS-A-VIS OF THIS ITEM,
25 22. I HAVE NOT RECEIVED THE DOCUMENT. YOU KNOW, EVERY YEAR WE



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1 GO THROUGH THIS ROUTINE. WE REAPPROVE EVERY H.I.V./A.I.D.S.
2 CONTRACT, NOT PAYING ATTENTION OF THE PERFORMANCE OF THE YEARS
3 BEFORE. EVERY YEAR I'M PROMISED, ESPECIALLY BY YOU, SUPERVISOR
4 BURKE, THAT WILL NOT HAPPEN NEXT YEAR. THIS HAS BEEN GOING ON
5 FOR AT LEAST FIVE YEARS THAT I AM COGNIZANT OF. AND GIVEN THAT
6 YOUR COMMISSION OF THE H.I.V. IS REALLY A ROGUE COMMISSION, IT
7 PROBABLY DOES NOT MEET THE CRITERIA OF H.R.S.A.. I HAVE SEEN A
8 LOT OF THOSE GRANTS COULD BE CHALLENGED. AND I THINK THIS YEAR
9 I'D BE GLAD TO CHALLENGE IT MYSELF AND DEMAND A FULL AUDIT
10 FROM H.R.S.A.. ON HOW THAT MONEY WAS SPENT, HOW IT WAS
11 DISBURSED AND ACTUALLY HOW MUCH MONEY ARE TRULY GOING TO
12 PATIENTS WHO HAVE H.I.V. AND A.I.D.S. THANK YOU.

13

14 **SUP. BURKE, CHAIR:** STAY RIGHT THERE DR. CLAVREUL. MOVED BY
15 SUPERVISOR MOLINA, SECONDED BY SUPERVISOR YAROSLAVSKY, WITHOUT
16 OBJECTION, SO ORDERED. WE'LL CALL UP 48-B. YOU ASKED TO SPEAK
17 ON THAT.

18

19 **DR. GENEVIEVE CLAVREUL:** IT'S NOT A REPORT THAT COMINGS WITH
20 THAT MOTION FROM SUPERVISOR KNABE? WELL, I GUESS I LIKE THE
21 MOTION FROM SUPERVISOR KNABE. AND I'M CERTAINLY IN SUPPORT OF
22 IT. I WILL BE VERY PLEASED AND SURPRISED IF YOU'D GET A REALLY
23 DETAILED PROJECT BUDGET. AND IF YOU ACTUALLY GET A TRUE
24 ANALYSIS OF PROPOSITION A AND SO ON. BECAUSE THE ONLY REPORTS
25 WE ARE GETTING ARE CERTAINLY NOT PRECISE AND DETAILED. I'M



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1 LOOKING FORWARD TO SEE THAT AND I HOPE THAT YOU DEMAND AND YOU
2 ARE GIVEN WHAT YOU ASK.

3

4 **SUP. BURKE, CHAIR:** ALL RIGHT, THANK YOU.

5

6 **DR. GENEVIEVE CLAVREUL:** I WOULDN'T HOLD MY BREATH ON THIS ONE.

7

8 **SUP. BURKE, CHAIR:** ALL RIGHT. A NUMBER OF PEOPLE HAVE ASKED TO
9 SPEAK ON 48 B WHO HAVE ALSO ASKED TO SPEAK ON S-3. WE HAVE TO
10 WAIT UNTIL 2:30 FOR S-3 BUT WE CAN START WITH 48. I'D LIKE TO
11 ASK GLORIA RODRIGUEZ AND HECTOR FLORES TO COME FORWARD. AND
12 KATHY OCHOA. OKAY.

13

14 **SUP. MOLINA:** WHY DOES IT HAVE TO BE EXACTLY AT 2:30?

15

16 **SUP. BURKE, CHAIR:** THAT'S WHAT I WAS ASKED. ALL RIGHT. WOULD
17 YOU LIKE TO WAIT UNTIL WE-- WELL, WE CAN HOLD --

18

19 **SUP. MOLINA:** I'M JUST SAYING, WOULDN'T IT BE MORE RELEVANT TO
20 HAVE YOUR TESTIMONY AFTER THE REPORT? IT JUST DOESN'T MAKE
21 SENSE. I JUST THINK THESE PEOPLE COM --

22

23 **SUP. BURKE, CHAIR:** WE'LL COME BACK TO IT.

24

25 **SUP. MOLINA:** WE CAN'T DO IT BEFOREHAND?



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1

2 **SUP. BURKE, CHAIR:** NO.

3

4 **SUP. MOLINA:** I APOLOGIZE. IF SOME OF YOU HAVE TO LEAVE, I
5 GUESS THEY SHOULD TESTIFY. BUT I THINK IT WOULD BE WORTH
6 WORTHWHILE TO HEAR THE REPORT.

7

8 **SUP. BURKE, CHAIR:** REALLY WHAT I THOUGHT IS THAT WE COULD
9 START AND TAKE SOME OF THE TESTIMONY OF THOSE PEOPLE WHO
10 CERTAINLY HAD SOME IDEA OF WHAT THEY WERE GOING TO TESTIFY ON,
11 AND THEN BY 2:30 WE WOULD GET THE REPORT AND HAVE THE
12 REMAINDER OF THE PEOPLE WHO ARE HERE.

13

14 **SUP. MOLINA:** WE HAVE NO OTHER ITEMS?

15

16 **SUP. BURKE, CHAIR:** YES, WE HAVE.. I'LL MOVE ON TO SUPERVISOR
17 YAROSLAVSKY.

18

19 **SUP. YAROSLAVSKY:** MADAME CHAIR, THE OTHER THING YOU COULD DO
20 IS WHAT YOU COULD DO IS TESTIFY IN PUBLIC COMMENT. WE'LL TAKE
21 THEIR PUBLIC COMMENT NOW. BUT TECHNICALLY WE'RE NOT SUPPOSED
22 TO HEAR THE ITEM.

23

24 **SUP. BURKE, CHAIR:** WELL WHY DON'T YOU GO ON, AND THEN WE'LL
25 COME BACK.



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1

2 **SUP. YAROSLAVSKY:** I HAVE ONE ADJOURNING MOTION AND THAT IS FOR
3 HERBERT WELLS. HERBERT WELLS, A LONG TIME RESIDENT OF THE
4 COUNTY AND FOUNDER OF THE INTERNATIONAL COATINGS COMPANY, A
5 HIGHLY SUCCESSFUL PLASTICS COATINGS AND ADHESIVES COMPANY, WHO
6 DIED AT THE AGE OF 90. HE IS SURVIVED BY THREE DAUGHTERS,
7 CAROL, SUSAN AND JANET AND FAMILY AND RELATIVES AND MANY
8 FRIENDS. THAT'S MY ONLY ADJOURNMENT.

9

10 **SUP. BURKE, CHAIR:** SO ORDERED.

11

12 **SUP. YAROSLAVSKY:** I WAS HOLDING ITEM 21. I DON'T KNOW WHO FROM
13 THE HEALTH DEPARTMENT IS HERE ON THAT ONE. ITEM 21?

14

15 **SUP. BURKE, CHAIR:** SOMEONE FROM THE HEALTH DEPARTMENT ON 21,
16 PLEASE COME FORWARD?

17

18 **SPEAKER:** GOOD MORNING.

19

20 **SUP. YAROSLAVSKY:** GOOD MORNING. COULD YOU JUST, IN A COUPLE OF
21 SENTENCES, EXPLAIN WHAT THIS ISSUE-- WHAT BRINGS US TO THIS--
22 WHAT BRINGS THIS ISSUE TO THE AGENDA? IS THERE AN INCREASE IN
23 FUNDING THAT WAS MADE AVAILABLE?

24



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1 **SPEAKER:** IT'S AN INVESTMENT MADE BY OUR FEDERAL PARTNERS FOR
2 MINORITY A.I.D.S. INITIATIVE SERVICES. IT'S NOT A NEW SET OF
3 RESOURCES. IT IS A NEWLY-- NEW SET OF RESOURCES THAT WE'VE
4 COMPETED FOR, FOR THE FIRST TIME. IN THE LAST _____
5 AUTHORIZATION, H.R.S.A. WAS ASKED BY CONGRESS TO TEASE OUT THE
6 M.A.I. PORTION OF THE PART A AWARD AND TO SEPARATELY COMPETE
7 THIS ACROSS THE COUNTRY. SO L.A. COUNTY HAS COMPETED FOR
8 M.A.I. RESOURCES. THOSE RESOURCES WERE DELAYED FIVE MONTHS TO
9 OUR COUNTY. THEY HAVE BEEN AVAILABLE TO US SINCE AUGUST. BUT
10 IT COMES WITH A COUPLE OF CAVEATS. ONE OF THE MOST CRITICAL
11 CAVEATS IS THAT WE USE OR LOSE THE RESOURCES. H.R.S.A. ASKED
12 TO MAKE SURE THAT WE OBLIGATE AND SPEND THE RESOURCES TO MAKE
13 SURE THAT YEAR 18 AND YEAR 19, AS OPPOSED TO YOUR 17, M.A.I.
14 RESOURCES ARE GUARANTEED. SO WE'VE ADOPTED A STRATEGY, AN
15 INTERIM INVESTMENT PLAN TO INVEST M.A.I. RESOURCES IN THREE
16 AREAS CONSISTENT WITH THE COMMISSION ON H.I.V.
17 RECOMMENDATIONS. AND THAT INVESTMENT PLAN WILL BE IN PLACE
18 UNTIL WE SOLICIT THE ENTIRE SERVICE CATEGORIES THAT M.A.I.
19 CURRENTLY SUPPORTS.

20
21 **SUP. YAROSLAVSKY:** WHAT YEAR ARE WE IN CURRENTLY?

22
23 **SPEAKER:** WE ARE IN YEAR 17 AS OF AUGUST 1, 2007, FOR M.A.I. WE
24 ARE IN YEAR 18 FOR PART A, STARTING MARCH 1, 2008. SO



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1 DEPENDING UPON THE STREAM OF THE CARE ACT, IT MIGHT BE A
2 DIFFERENT CARE ACT YEAR.

3

4 **SUP. YAROSLAVSKY:** HOW MUCH ADDITIONAL MONEY WAS APPROPRIATED
5 BY THE FEDERAL GOVERNMENT FOR THIS, OR PROVIDED BY THE FEDERAL
6 GOVERNMENT FOR THIS?

7

8 **SPEAKER:** HISTORICALLY L.A. COUNTY RECEIVED \$2.2 MILLION IN
9 M.A.I. FUNDING. STARTING AUGUST 12007 WE RECEIVED \$2.5
10 MILLION. HISTORICALLY WE HAVE INVESTED THE M.A.I. AWARD IN
11 THREE AREAS: PSYCHOSOCIAL CASE MANAGEMENT, MEDICAL OUTPATIENT
12 SERVICES AND ORAL HEALTHCARE. BASED UPON SOME SHIFTS IN
13 PRIORITIES AT THE COMMISSION ON H.I.V. LEVEL, WE WILL NOW
14 INVEST RESOURCES IN TWO NEW AREAS: MEDICAL CASE MANAGEMENT AND
15 E.I.P. IN ADDITION TO KEEPING ORAL HEALTHCARE IN PLACE. WHAT
16 WE WILL NO LONGER SUPPORT IN L.A. WITH M.A.I. RESOURCES ARE
17 MEDICAL OUTPATIENT CARE AND PSYCHOSOCIAL CASE MANAGEMENT. SO
18 IT'S REALLY A SHIFT IN HOW WE SPEND THE MONEY.

19

20 **SUP. YAROSLAVSKY:** IT'S AN ADDITIONAL \$400,000.

21

22 **SPEAKER:** IT'S CLOSE TO \$200,000. IT MIGHT BE 2.3 TO 2.5. IT
23 WAS ABOUT A 200,000 INCREASE.

24

25 **SUP. YAROSLAVSKY:** IS THAT IT? FOR THE WHOLE--



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1

2 **SPEAKER:** THAT'S THE ENTIRE M.A.I. AWARD.

3

4 **SUP. YAROSLAVSKY:** I WAS UNDER THE IMPRESSION IT WAS OVER A
5 MILLION, MILLION AND A HALF DOLLARS.

6

7 **SPEAKER:** NO. THE ENTIRE M.A.I.. AWARD IS JUST SLIGHTLY OVER
8 \$2.5 MILLION. THE EXACT NUMBER IS . IT'S 2,528,561.

9

10 **SUP. YAROSLAVSKY:** WHY DOES THE AGENDA ITEM SAY WE'RE GOING
11 FROM 1.3 TO 2.4 MILLION?

12

13 **SPEAKER:** WHAT THE BOARD LETTER REFLECTS IS THE SUBSET OF THE
14 ENTIRE 2.5 THAT REQUIRES BOARD APPROVAL. IN FACT, WHAT WE'VE
15 DONE IS WE'VE IDENTIFIED 8 DIFFERENT PROVIDERS AND 13
16 DIFFERENT CONTRACTS TO AUGMENT THEIR EXISTING SERVICE DELIVERY
17 SYSTEM WITH M.A.I. RESOURCES. WE HAVE FORWARDED A MEMO TO THE
18 HEALTH DEPUTIES ON FRIDAY THAT OUTLINES THE ENTIRE INVESTMENT
19 PLAN, THE ENTIRE INTERIM INVESTMENT PLAN, THAT REFLECTS THE
20 ROUGHLY \$2.3 MILLION THAT WE ARE GOING TO SPEND ON M.A.I.
21 STARTING ON MARCH 1 IF APPROVED BY YOUR BOARD.

22

23 **SUP. YAROSLAVSKY:** SO THE ADDED \$1,100,000 THAT'S REPRESENTED
24 IN YOUR BOARD LETTER DOES NOT REPRESENT ADDITIONAL FUNDS?

25



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1 **SPEAKER:** NO, IT DOES NOT.

2

3 **SUP. YAROSLAVSKY:** SO WHAT DOES IT REPRESENT?

4

5 **SPEAKER:** WHEN WE WERE ASKED TO SHIFT THE PRIORITY OF THE
6 M.A.I. FUNDING FROM THE OLD MODEL TO THE NEW MODEL, WE
7 IDENTIFIED EXISTING PROVIDERS WHO COULD IMMEDIATELY RAMP UP
8 AND PROVIDE ADDITIONAL SERVICES. WE IDENTIFIED EXISTING
9 CONTRACTS TO AMEND OR AUGMENT THOSE. NOW, UNFORTUNATELY IN THE
10 BOARD LETTER, WE'VE ONLY PAINTED A PARTIAL PICTURE. WE'VE ONLY
11 PAINTED THE PICTURE FOR THOSE CONTRACTS THAT EXCEED THE
12 DEPARTMENT'S AUTHORITY TO INCREASE THE AMOUNT BY MORE THAN 15
13 PERCENT. SO IN THE BOARD LETTER, THERE'S REFERENCE TO A
14 MILLION 065 ROUGHLY, THAT'S ONLY A FRACTION OF THE TOTAL
15 INVESTMENT. ALL THE OTHER INCREASES WE WILL BE MAKING, WE'RE
16 MAKING THROUGH DELEGATED AUTHORITY TO THE DEPARTMENT, WHICH
17 ADD UP TO ANOTHER \$1.3, \$1.4 MILLION ROUGHLY. SO WHAT WE'VE
18 DONE IS TO MAKE IT EASIER TO FOLLOW THIS PROCESS IN A LETTER,
19 IN A MEMO FROM ME TO THE HEALTH DEPUTIES ON FRIDAY. WE'VE
20 SUMMARIZED IN THESE THREE AREAS EXACTLY WHICH PROVIDER WILL
21 GET WHICH DOLLAR AMOUNT. AND THOSE TOTAL APPROXIMATELY \$2.3
22 MILLION.

23

24 **SUP. YAROSLAVSKY:** SO THE USE IT OR LOSE IT IS FOR-- I'M
25 MISSING SOMETHING. I'M SORRY.



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1

2 **SPEAKER:** PERHAPS I'M NOT EXPLAINING MYSELF VERY WELL.

3

4 **SUP. YAROSLAVSKY:** I'M GOING TO ASK YOU A QUESTION. I WANT YOU
5 TO ANSWER MY QUESTION, NOT GIVE ME THE WHOLE BACKGROUND TO IT.
6 IT IS NOT BECAUSE OF YOU, IT'S BECAUSE OF MY LIMITATIONS;
7 OKAY? THE NET NEW MONEY BEING PROVIDED BY THE FEDERAL
8 GOVERNMENT FOR THE M.A.I. INITIATIVES IS \$200,000, IS THAT
9 WHAT YOU'RE SAYING?

10

11 **SPEAKER:** ROUGHLY.

12

13 **SUP. YAROSLAVSKY:** WHAT IS THE \$1.1 MILLION INCREASE THAT'S
14 REFLECTED IN THE BOARD LETTER. IS THAT A SHIFT OF FUNDS?

15

16 **SPEAKER:** YES, A SHIFT OF FUNDS.

17

18 **SUP. YAROSLAVSKY:** FROM WHAT TO WHAT?

19

20 **SPEAKER:** IT'S A SHIFT IN FUNDS FROM THREE HISTORIC SERVICE
21 CATEGORIES TO ONE ONGOING CATEGORY, ORAL HEALTH.

22

23 **SUP. YAROSLAVSKY:** WHAT PROMPTED THOSE CHANGES? WAS THAT
24 PROMPTED BY THE FEDS OR WAS THAT A DECISION THAT WAS MADE BY
25 THE H.I.V. COMMISSION?



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1

2 **SPEAKER:** THE IMPETUS BEHIND THE CHANGE WAS A SHIFT IN
3 PRIORITIES AT THE COMMISSION ON H.I.V. LEVEL. AND THEY
4 ESSENTIALLY SAID, CONSISTENT WITH THE INTENT OF THE MINORITY
5 A.I.D.S. INITIATIVE, WE ARE BEST SUITED IN L.A. COUNTY TO
6 INVEST IN MEDICAL CASE MANAGEMENT, EARLY INTERVENTION PROGRAM
7 AND AN INCREASED INVESTMENT IN ORAL HEALTH, CONSISTENT WITH
8 THE EXISTING H.R.S.A. GUIDELINES.

9

10 **SUP. YAROSLAVSKY:** GO AHEAD.

11

12 **SPEAKER:** IT'S VERY CONFUSING, I UNDERSTAND. AND IT'S A
13 COMBINATION OF A NUMBER OF FACTORS. BUT IT'S A SHIFT IN LOCAL
14 PRIORITY IN HOW WE USE M.A.I. RESOURCES, AND IT'S ALSO TAKING
15 EXISTING CONTRACTORS WHO CAN MEET THESE NEW PRIORITIES, AND
16 WE'VE AMENDED THOSE CONTRACTS. AT THE BOARD LEVEL, A LITTLE
17 OVER A MILLION DOLLARS. AT THE DEPARTMENT DISCRETIONARY LEVEL
18 ABOUT \$1.3 MILLION.

19

20 **SUP. YAROSLAVSKY:** AND THIS IS CONSISTENT WITH THE FEDERAL
21 GUIDELINES TO MAKE THESE KIND OF ADJUSTMENTS?

22

23 **SPEAKER:** YES, ABSOLUTELY.

24



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1 **SUP. YAROSLAVSKY:** I WAS TOLD BY MY STAFF, AND PLEASE CONFIRM
2 THIS FOR ME, THAT YOU ARE GOING UP FOR A NEW R.F.P. THIS YEAR?

3

4 **SPEAKER:** THAT'S EXACTLY CORRECT.

5

6 **SUP. YAROSLAVSKY:** FOR WHAT, FOR THE WHOLE PROGRAM?

7

8 **SPEAKER:** WHAT WE PLAN ON DOING THIS SUMMER, A VERY AMBITIOUS
9 UNDERTAKING, IS TO RE-SOLICIT H.I.V./A.I.D.S. MEDICAL SERVICES
10 PORTFOLIO. WHAT THIS WILL INCLUDE IS, WE'RE GOING TO TAKE TAKE
11 AVAILABLE RESOURCES FROM _____ CARE ACT PART A, SOME FROM
12 PART B, THE M.A.I. RESOURCES AND THE DIRECT STATE INVESTMENT
13 FOR E.I.P. PROGRAMS IN L.A. COUNTY. WE'RE GOING TO TAKE THOSE
14 FUNDING STREAMS AND WE'LL RE-SOLICIT MEDICAL OUTPATIENT,
15 MEDICAL SPECIALTY, A.D.A.P. ENROLLMENT, NUTRITIONAL
16 COUNSELING, MEDICAL CASE MANAGEMENT, EARLY INTERVENTION
17 PROGRAM SERVICES, ORAL HEALTHCARE SERVICES, AND IN ABOUT A
18 MONTH WE'LL DECIDE WHETHER OR NOT WE INCLUDE PSYCHIATRY AND
19 PSYCHOTHERAPY AS PART OF THAT MIX.

20

21 **SUP. YAROSLAVSKY:** WHEN ARE YOU GOING OUT WITH THIS R.F.P.?

22

23 **SPEAKER:** WE'RE GOING TO DO IT AS SOON AS WE'RE COMPLETE WITH--
24 AS SOON AS WE FINISH THE MEDICAL OUTPATIENT RATE STUDY THAT'S
25 BEEN GOING ON FOR A FEW YEARS.



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1

2 **SUP. YAROSLAVSKY:** WHEN IS THAT GOING TO BE? WHEN DO YOU EXPECT
3 TO BE DONE WITH THE R.F.P.? JUNE, JULY, AUGUST, WHEN?

4

5 **SPEAKER:** WE EXPECT THE R.F.P. TO BE OUT THIS SUMMER, AUGUST.

6

7 **SUP. YAROSLAVSKY:** HOW MUCH IS THE WHOLE-- WHAT IS THE TOTAL
8 AMOUNT OF MONEY THAT WILL BE AVAILABLE IN THIS R.F.P.?

9

10 **SPEAKER:** APPROXIMATELY \$30 MILLION, BETWEEN 26 AND \$30
11 MILLION.

12

13 **SUP. YAROSLAVSKY:** OF WHICH THIS PIECE IS A PART OF?

14

15 **SPEAKER:** OF WHICH M.A. I, 2.5 MILLION WOULD BE PART OF THAT
16 PACKAGE.

17

18 **SUP. YAROSLAVSKY:** SO FOR HOW LONG IS THIS ACTION THAT WE'RE
19 BEING ASKED TO TAKE TODAY?

20

21 **SPEAKER:** THIS ACTION IS IN EFFECT FOR MARCH 1 THROUGH
22 FEBRUARY, ALTHOUGH IF WE RECOMPETE--

23

24 **SUP. YAROSLAVSKY:** FEBRUARY 2009?

25



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1 **SPEAKER:** YES, FEBRUARY 2009. BUT IF WE RE-COMPETE THE ENTIRE
2 SERVICE CATEGORY AND PORTFOLIO, WE RESERVE THE RIGHT TO PULL
3 BACK ANY EXISTING CONTRACTS. SO AT THAT POINT WILL DETERMINE
4 WHAT THE BEST PLAN IS AND NOT DISRUPT THE H.I.V./A.I.D.S.
5 SYSTEM OF CARE.

6

7 **SUP. YAROSLAVSKY:** AND YOU BELIEVE YOU WILL HAVE-- WHEN YOU SAY
8 THIS SUMMER, ARE YOU TALKING ABOUT JUNE, JULY, AUGUST, OR
9 SEPTEMBER.

10

11 **SPEAKER:** AUGUST OR SEPTEMBER IS PROBABLY MORE LIKELY THAN
12 JUNE.

13

14 **SUP. YAROSLAVSKY:** HOW DID I GUESS?

15

16 **SPEAKER:** PART OF THE TREPIDATION TO MAKING A FIRM COMMITMENT,
17 IT HAS BEEN A LOT OF THINGS THAT HAS AFFECTED THE TIMELINE FOR
18 THE RATE STUDY. THAT'S SOMETHING THAT WE CAN'T CONTINUE TO
19 IGNORE. WE'RE TRYING TO GET THAT RATE STUDY WRAPPED UP AS SOON
20 AS WE CAN.

21

22 **SUP. YAROSLAVSKY:** ALL RIGHT. CAN WE GET IN 45 DAYS, LET'S SAY
23 THE FIRST MEETING IN APRIL, AND I'D LIKE TO JUST DO A VERBAL
24 AMENDMENT THAT YOU GIVE US A STATUS REPORT ON THE PROGRESS
25 TOWARDS THE NEW R.F.P.?



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1

2 **SPEAKER:** ABSOLUTELY.

3

4 **SUP. YAROSLAVSKY:** AT OUR FIRST MEETING IN APRIL. HAVE IT NOT A
5 WRITTEN REPORT BUT HAVE IT AGENDIZED SO THAT IT DOESN'T SLIP
6 THROUGH THE CRACKS?

7

8 **SPEAKER:** I LOOK FORWARD TO IT.

9

10 **SUP. YAROSLAVSKY:** THANK YOU.

11

12 **SUP. BURKE, CHAIR:** MOVED BY YAROSLAVSKY, SECONDED BY MOLINA;
13 WITHOUT OBJECTION, SO ORDERED.

14

15 **SUP. YAROSLAVSKY:** I DON'T KNOW IF I WAS HOLDING ANYTHING ELSE.

16

17 **SUP. BURKE, CHAIR:** MR. KNABE IS HOLDING.

18

19 **SUP. YAROSLAVSKY:** ALL RIGHT, I'M DONE.

20

21 **SUP. BURKE, CHAIR:** MR. KNABE, YOUR ADJOURNMENTS AND THEN
22 YOU'RE HOLDING AN ITEM?

23

24 **SUP. KNABE:** MADAME CHAIR, I'LL LEARN HOW TO PUSH THE BUTTON.
25 HERE WE GO.



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1

2 **SUP. BURKE, CHAIR:** FIFTEEN

3

4 **SUP. KNABE:** I HAVE A NUMBER OF ADJOURNMENTS, MADAME CHAIR.

5 FIRST THAT WE ADJOURN IN MEMORY OF IMA DANNECKER, WHO PASSED

6 AWAY FEBRUARY 12TH. SHE WAS THE MOTHER OF MY LONG TIME FRIEND

7 AND NEXT DOOR NEIGHBOR DUANE. SHE WILL BE SORELY MISSED BY HER

8 FAMILY AND FRIENDS. SHE IS SURVIVED BY HER SON DUANE AND

9 GRANDDAUGHTER NATALIE. ALSO THAT WE ADJOURN IN MEMORY OF RON

10 CAMPBELL, ANOTHER LONG TIME FRIEND WHO PASSED AWAY AFTER A

11 LONG BATTLE WITH CANCER. HE WILL BE SORELY MISSED BY HIS

12 FAMILY AND FRIENDS. HE'S SURVIVED BY HIS WIFE, EMMA. ALSO

13 ADJOURN IN MEMORY OF MYRL NIXON MORRIS, A LONG TIME CRUSADER

14 FOR EQUAL RIGHTS IN LONG BEACH WHO PASSED AWAY RECENTLY AT THE

15 AGE OF 85. MYRL WAS WANTED TO MAKE LONG BEACH A BETTER PLACE

16 THAN WHEN SHE FOUND IT IN 1957 WHEN SHE CERTAINLY DID HER

17 PART. SHE WAS A COMMUNITY ACTIVIST AND MEMBER OF THE

18 N.A.A.C.P. FOR MORE THAN 50 YEARS AND JOINED THE LONG BEACH

19 BOARD OF REALTORS IN 1969. SHE PREFERRED TO WORK BEHIND THE

20 SCENES AND DO WHAT SHE HAD TO DO TO HELP. SHE WAS CERTAINLY A

21 PHENOMENAL WOMAN. SHE IS SURVIVED BY HER DAUGHTER GWEN,

22 GRANDDAUGHTERS KRIS AND GREAT GRANDDAUGHTERS KANDACE AND KYLE.

23 YES, SUPERVISOR BURKE WILL JOIN AS WELL. ALSO ADJOURN IN

24 MEMORY OF JIM SILKNITTER WHO PASSED AWAY ON FEBRUARY 12TH. HE

25 WAS A MEMBER OF THE INTERNATIONAL CITY THEATER BOARD IN LONG



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1 BEACH SINCE 1994. WORKED MANY YEARS WITH GREAT DEDICATION AND
2 HAD A GREAT SENSE OF HUMOR. HE WILL BE MISSED BY MANY. HE IS
3 SURVIVED BY HIS LONG TIME PARTNER, PAUL DIEGO. ALSO THAT WE
4 ADJOURN IN MEMORY OF ANN WALLACE, A LONG BEACH RESIDENT WHO
5 PASSED AWAY RECENTLY AT THE VERY YOUNG AGE OF 55. SHE WAS A
6 WRITER, TEACHER, AVID GOLFER. SHE SUED THE F.I.P. TO JOIN POLY
7 HIGH ALL-MALE GOLF TEAM AND AIDED THE PASSAGE OF TITLE 9. HER
8 LOVE, COURAGE AND WIT INSPIRED HER BELOVED FAMILY AND FRIENDS.
9 SHE IS SURVIVED BY HER CHILDREN, JENNY AND DAVID, PARENTS, DON
10 AND ELIZABETH, SISTER NANCY, BROTHERS ALEX AND DON, AND HER
11 LOVING COMPANION CARLOS, NIECES AND NEPHEWS AND COUNTLESS
12 FRIENDS. SHE WAS AN INCREDIBLE LADY. MADAME CHAIR, THOSE ARE
13 MY ADJOURNMENTS.

14
15 **SUP. BURKE, CHAIR:** SO ORDERED.

16
17 **SUP. KNABE:** THANK YOU. I HELD ITEM NUMBER 15. IN REGARDS TO
18 THE STEP PROGRAM. WHETHER SOMEBODY FROM STAFF MAY WANT TO COME
19 FORWARD, BUT I GUESS MORE OF A COMMENT THAN ANYTHING. AS YOU
20 KNOW, THIS BOARD KICKED THIS PROGRAM OFF BACK IN JULY OF LAST
21 YEAR AND THE RESPONSE HAS BEEN TREMENDOUS, PARTICULARLY IN
22 LONG BEACH. IN THE FIRST THREE MONTHS OF OUTREACH, WE'VE HAD
23 OVER 148 CHILDCARE PROVIDERS ACROSS THE COUNTY, SIGN UP TO BE
24 EVALUATED UNDER THE STEP PROGRAM. I'M VERY PROUD TO SAY THAT
25 56 OF THESE 148 PROVIDERS ARE FROM THE LONG BEACH AREA ALONE.



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1 I THINK THE UNIQUE THING IS WE ALL KNOW ABOUT THE STEP PROGRAM
2 IS THAT WE ARE EVALUATING THE OVERALL QUALITY OF THE PROGRAMS.
3 WE AREN'T JUST ASSESSING WHETHER THE WALLS ARE CLEAN OR THE
4 CARPETS CLEAN OR THOSE KINDS OF THINGS. BUT WE ARE LOOKING AT
5 THE LEARNING ENVIRONMENT, AS WELL. SO THIS IS CRITICAL
6 INFORMATION THAT PARENTS NEED TO HAVE IN CHOOSING TO WHERE
7 THEY PLACE THEIR KIDS. I KNOW WHAT AN A RATING IS IN A
8 RESTAURANT. IT CERTAINLY WOULD BE NICE TO KNOW WHAT AN A
9 RATING IS FOR CHILDCARE, AND PARTICULARLY WHEN YOU LEAVE THAT
10 MOST VALUABLE ASSET, YOUR CHILD, WHEN YOU GO TO WORK OR
11 SCHOOL. WE'RE ALSO PROVIDING TO HELP THE PROVIDERS ENHANCE THE
12 PROGRAMS AND WORKING VERY HARD TO MAKE SURE THAT WE LET THE
13 PARENTS KNOW, GET INFORMATION OUT, DESCRIBE THE QUALITY OF
14 CHILDCARE. BUT I JUST WANT TO PUBLICLY THANK THE OFFICE OF
15 CHILDCARE FOR AN INCREDIBLE EFFORT THUS FAR AND ALSO THE STATE
16 OF CALIFORNIA AS WELL AS FIRST FIVE L. A. SO WE LOOK FORWARD
17 TO HAVING MORE PROVIDERS SIGN UP AND WOULD ASK YOU TO COMMENT
18 ON THAT, WHAT OUR OUTREACH IS LIKE AND WHAT THE OUTLOOK FOR
19 THE FUTURE IS.

20

21 **SPEAKER:** THANK YOU, SUPERVISOR. WE APPRECIATE YOUR COMMENTS.
22 PLEASE UNDERSTAND THE REST OF THE SUPERVISORS, THAT WE'VE ONLY
23 BEEN SIX MONTHS INTO OUR RECRUITMENT EFFORTS. SO WE HAVE A
24 WAYS TO GO. AND WE RECOGNIZE THAT WE HAVE MORE WORK AHEAD OF
25 US. BUT WE ARE PROUD OF THE 150 PROVIDERS WHO HAVE COMMITTED



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1 TO PARTICIPATE IN THE PROGRAM, OPEN THEIR DOORS TO AN
2 OBSERVATION AND A RATING ON THEIR SERVICES AS WELL AS
3 PARTICIPATE IN TRAINING TO ENHANCE THE PROGRAM THAT THEY OFFER
4 YOUNG CHILDREN. I THINK WE ALL SHARE A COMMITMENT THAT WE WANT
5 TO USE THOSE EARLY YEARS TO REALLY PREPARE CHILDREN FOR
6 SUCCESS IN SCHOOL, BUT ALSO TO BUILD THEIR SOCIAL SKILLS SO
7 THAT THEIR SUCCESS GOES BEYOND SCHOOL AND INTO LIFE.

8

9 **SUP. KNABE:** THANK YOU VERY MUCH. WE LOOK FORWARD TO MORE
10 OUTREACH. IT'S BEEN VERY SUCCESSFUL. HEARD A LOT OF POSITIVE
11 COMMENTS ABOUT IT IN THE COMMUNITY. SO WE'RE GETTING THERE. AS
12 YOU SAY, WE HAVE A LOT OF WORK TO DO. IT'S A BIG COUNTY BUT WE
13 HAVE SOME GREAT STATES. I WANT TO SAY THANK YOU TO YOU AND
14 YOUR TEAM AND EVERYONE FOR MAKING IT A REALITY.

15

16 **SPEAKER:** COULD I JUST-- I JUST WANT TO INTRODUCE HELEN CHAVEZ
17 ON OUR TEAM WHO IS ACTUALLY THE PERSON IN THE COMMUNITY DOING
18 THE WORK. AND WE APPRECIATE HER WORK.

19

20 **SUP. KNABE:** GREAT JOB. THANK YOU.

21

22 **SUP. BURKE, CHAIR:** MOVED BY KNABE; SECONDED BY YAROSLAVSKY;
23 WITHOUT OBJECTION. MOVED BY KNABE, SECONDED BY YAROSLAVSKY;
24 WITHOUT OBJECTION, SO ORDERED. THE HOUR OF 2:00-- OH,
25 SUPERVISOR ANTONOVICH, YOUR ADJOURNMENTS.



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1
2 **SUP. ANTONOVICH:** THIS PAST WEEK WE LOST A NUMBER OF GOOD
3 FRIENDS, A GOOD FRIEND, JUDGE ERNIE WILLIAMS PASSED AWAY THIS
4 PAST WEEK, WHO HAD SERVED THE COURT FOR A NUMBER OF YEARS ON
5 THE SUPERIOR COURT. HE WAS APPOINTED BY GOVERNOR GEORGE
6 DEUKMAJIAN, QUITE ACTIVE IN THE LEBANESE-AMERICAN COMMUNITY
7 ST. NICHOLAS, ACTIVE IN THE COMMUNITY OF GLENDALE AND THE
8 VALLEY. HE LEAVES HIS WIFE JOAN AND CHILDREN. ALSO, AT THE
9 YOUNG AGE OF-- LET ME JUST SAY ANOTHER JUDGE, FEDERAL JUDGE,
10 JOSEPH SNEED WHO SERVED FOR NEARLY 35 YEARS ON THE U.S. NINTH
11 CIRCUIT COURT OF APPEALS, PASSED AWAY ON FEBRUARY 9TH AT 87
12 YEARS OF AGE. HE WAS WORKING ALL THE WAY UP TO THE END ON AN
13 ASSIGNMENT. A YOUNG MAN WHO WAS QUITE ACTIVE IN OUR COMMUNITY,
14 WHO WAS THE DIRECTOR OF THE BOB HOPE AIRPORT, BURBANK,
15 GLENDALE AIRPORT, PASADENA AIRPORT, PASSED AWAY AT THE AGE OF
16 53 WITH A BRAIN TUMOR. HE WAS QUITE ACTIVE IN THE COMMUNITY.
17 HE SERVED ON THE AIRPORT'S ADMINISTRATIVE STAFF BACK IN 1980.
18 HE HAD VERY GOOD RELATIONSHIPS WITH THE COMMUNITY, THE
19 SECURITY ENHANCEMENTS AFTER 9/11 WAS A COMPLEX PROJECT THAT HE
20 WORKED ON AS AN EXECUTIVE DIRECTOR AS WELL AS THE AIRPORT'S
21 FINANCES. AND HE WAS A GRADUATE OF CITY UNIVERSITY OF NEW YORK
22 AND HIS MASTER'S WAS FROM COLUMBIA UNIVERSITY, PASSED AWAY AT
23 THE AGE OF 53. GRACE GRAHAM PICKUS WHO WAS THE HEAD OF THE LOS
24 ANGELES COUNTY REGISTRAR'S OFFICE AS DEPUTY REGISTRAR FROM
25 1959 TO 1976. WAS ALSO INSTRUMENTAL IN THE PLANNING OF THE



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1 STATE POPPY RESERVE. AND HER CENTER WAS HONORED WITH THE STATE
2 PARKS SYSTEM LIFETIME AWARD BACK IN 1995. SHE WAS NAMED THE
3 SENIOR OF THE YEAR THE 1999 ANTELOPE VALLEY FAIRGROUNDS
4 SENIORS EXPO. SHE IS SURVIVED BY HIS DAUGHTER GRACE ANN, AND
5 HER SONS, JOHN AND DAVID, AND NINE GRANDCHILDREN. RETIRED LOS
6 ANGELES POLICE OFFICER DANIEL MORAN. HE SPENT 41 YEARS SERVING
7 AS A LOS ANGELES POLICE OFFICER AND RESIDENT OF SANTA CLARITA.
8 IRA TUCKER, WHO WAS THE BELOVED HUSBAND OF TERE TUCKER, WAS
9 QUITE ACTIVE IN CASTAIC. VERY ACTIVE IN THE COMMUNITY, WITH
10 LION'S CLUB, THE CASTAIC AREA TOWN COUNCILMEMBER, AS WELL AS
11 THE 2002-- IRA'S THE 2002 MAN OF THE YEAR. TOGETHER THEY WERE
12 MEMBERS OF THE CASTAIC CHAMBER OF COMMERCE, P.T.A. CASTAIC
13 MIDDLE SCHOOL, AND ASSISTANT IN THE CASTAIC MASTER PLAN, AND
14 CREATED THE VERY WONDERFUL PHONE BANK FOR THE CASTAIC SPORTS
15 COMPLEX. DANIEL MARCOTTE, LOS ANGELES COUNTY SHERIFF'S
16 OFFICER, WHO RETIRED. HE HAD BEEN AN OFFICER FOR 13 YEARS, WHO
17 WAS LATER ASSIGNED TO THE TRANSPORTATION BUREAU. JAMES FRASER,
18 WHO PASSED AWAY AT THE AGE OF 83, WHO WAS RETIRED SERGEANT
19 WITH THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT. HE WAS WITH
20 THE SCIENTIFIC SERVICES BUREAU. TOMMY BRESLIN, WHO WAS A
21 VETERAN PUBLIC DEFENDER. HE BEGAN HIS WORK IN OUR COUNTY IN
22 1977, FIRST SERVING AS A DEPUTY DISTRICT ATTORNEY AND A
23 PRIVATE CRIMINAL ATTORNEY, THEN BECOMING A PUBLIC DEFENDER. HE
24 WROTE THE BOOK "DEATH IN CALIFORNIA" WHICH BECAME HIS CASE
25 THAT HE WAS INVOLVED WITH, THAT "DEATH IN CALIFORNIA" BECAME A



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1 BOOK AND TELEVISION MINISERIES. AND HE WAS ALSO INVOLVED WITH
2 WOOD MAKING AS A JEWELER AND CARPENTER. AND CHESTER "CHET"
3 MAGNESS, ALSO SERVED AS ASSISTANT CHIEF DEPUTY ENGINEER FOR
4 THE LOS ANGELES COUNTY FLOOD CONTROL DISTRICT, RETIRED IN
5 1978. THOSE ARE MY ADJOURNMENTS.

6

7 **SUP. BURKE, CHAIR:** SO ORDERED.

8

9 **SUP. ANTONOVICH:** I DON'T HAVE ANY MOTIONS.

10

11 **SUP. BURKE, CHAIR:** OUR 2:30 HAS ARRIVED. I'D LIKE TO ASK THE
12 DEPARTMENT TO COME FORWARD. DR. CHERNOF? AND THE C.E.O.,
13 REALLY.

14

15 **C.E.O. FUJIOKA:** GOOD MORNING. I WANT TO START WITH A FEW
16 COMMENTS AND THEN I WILL TURN IT OVER TO OUR HEALTH DIRECTOR,
17 DR. CHERNOF. WE SENT A DRAFT PROPOSAL TO YOU. I UNDERSTAND
18 IT'S CAUSED GREAT CONCERNS AMONGST THIS BOARD. WHAT I WANTED
19 TO HIGHLIGHT IS SEVERAL THINGS. FIRST AND FOREMOST IS THAT
20 WHAT WE'RE TRYING TO DO IS NOT CUT SERVICES. WE'RE ACTUALLY
21 TRYING TO DEVELOP A DIFFERENT CARE MODEL THAT WILL ACTUALLY
22 ENHANCE ACCESSIBILITY TO PRIMARY CARE SERVICES. WE USED THE
23 FOLLOWING PRINCIPLES WHEN WE DEVELOPED THIS PROPOSAL. ONE, THE
24 NEED TO GO FORWARD WITH A CURTAILMENT PACKAGE NOW TO RIGHT
25 SIZE THE DEPARTMENT'S FINANCIAL PICTURE. THE DEPARTMENT, AS WE



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1 ALL KNOW, HAS HAD BUDGET PROBLEMS FOR MANY YEARS STARTING WITH
2 THE FIRST EFFORT TO GET THE FIRST 1115 WAIVER. WE ALSO LOOKED
3 AT HOW WE HAD ACHIEVED THIS WITHIN THE DEPARTMENT OF HEALTH
4 SERVICES. AND IN FACT, RESTRICTING IT TO WITHIN THE DEPARTMENT
5 OF HEALTH SERVICES, SO WE DON'T IMPACT OTHER CRITICAL COUNTY
6 SERVICES. IN LOOKING AT HOW WE WOULD DEVELOP THIS PROPOSAL, WE
7 LOOKED AT PRESERVING THE FOLLOWING SERVICES IN THIS PRIORITY
8 ORDER. FIRST TRAUMA AND EMERGENCY SERVICES. SECOND, ACUTE
9 INPATIENT SERVICES. THIRD WOULD BE TERTIARY CARE AND THEN
10 SPECIALTY SERVICES AT THE OUTPATIENT LEVEL. WHAT WE ARE
11 PROPOSING NOW IS TO PRIVATIZE A NUMBER OF HEALTH CENTERS.
12 FIRST AND FOREMOST-- AND THERE ARE SOME OTHER CUTS OR
13 CURTAILMENTS THAT DR. CHERNOF WILL GO THROUGH, BUT ONE THING
14 THAT'S VERY IMPORTANT IS THAT BEFORE WE PRIVATIZE ANY SINGLE
15 HEALTH CENTER AND REPLACING IT WITH A P.P.P., WE WILL ENSURE--
16 AND IN FACT TURN THAT OVER OR SHUT THAT HEALTH CENTER DOWN, WE
17 WILL MAKE SURE THAT WE HAVE A VIABLE HEALTHCARE ALTERNATIVE IN
18 THE FORM OF A P.P.P. WHAT WE'RE SUGGESTING RIGHT NOW IS THAT
19 WE TRANSITION OUR HEALTH CENTERS FROM A CURRENT COUNTY MODEL
20 TO A P.P.P. OVER THE NEXT ABOUT 15 MONTHS. AND THAT WE ARE NOT
21 ACTUALLY MAKE THESE CHANGES UNTIL JULY 1ST, 2009, WHICH WOULD
22 GIVE US TIME TO DO SO IN AN ORDERLY MANNER. EVERY SINGLE
23 PROPOSAL THAT WE DEVELOP, IF WE IDENTIFY A HEALTH CENTER THAT
24 WILL MAKE THIS TRANSITION, BEFORE WE IMPLEMENT, WE'LL BE
25 BRINGING EACH PROPOSAL BACK TO THIS BOARD FOR APPROVAL TO SHOW



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1 YOU THE STRUCTURE THAT WE'RE RECOMMENDING, TO SHOW YOU PROOF
2 THAT IT PRESENTS A VIABLE ALTERNATIVE FOR THIS COMMUNITY AND
3 ALSO TO SHOW THAT THE NEW ENTITY HAS THE FINANCIAL STRENGTH TO
4 CONTINUE TO PROVIDE THIS CRITICAL PRIMARY CARE SERVICE. WE ARE
5 NOT CUTTING SERVICES. WHAT WE'RE DOING IS CHANGING THE
6 DELIVERY MODEL. IF WE DON'T MAKE THESE CHANGES, WE KNOW THAT
7 THIS DEFICIT, AS BAD AS IT IS TODAY, IS ONLY GOING TO GET
8 WORSE. IT'S CRITICAL THAT WE START MAKING THESE CHANGES,
9 ALBEIT IN AN INCREMENTAL STEP, WE START MAKING THESE CHANGES.
10 SO NOW I'LL TURN IT OVER TO DR. CHERNOF.

11

12 **DR. BRUCE CHERNOF:** THANK YOU, MR. FUJIOKA. DEAR SUPERVISORS,
13 AS MR. FUJIOKA JUST DESCRIBED, WE ARE HERE TODAY TO OUTLINE A
14 PLAN THAT DEALS WITH THE DEPARTMENT'S BUDGET DEFICIT. GIVEN
15 THE PUBLIC DISCOURSE OVER THE PAST WEEK, I WANT TO CLARIFY THE
16 KEY ELEMENTS OF THE DEPARTMENT'S RECOMMENDED PLAN. SIMPLY
17 STATED, THIS PROPOSAL REQUIRES THE HOSPITALS AND THEIR
18 NETWORKS TO SAVE TENS OF MILLIONS OF DOLLARS WITHOUT REDUCING
19 INPATIENT BEDS OR EMERGENCY ROOMS. IT KEEPS THE MULTI SERVICE
20 AMBULATORY CARE CENTERS OPEN AND OPERATING AT THEIR CURRENT
21 LEVELS. IT KEEPS ALL THE COMPREHENSIVE HEALTH CENTERS OPEN.
22 HOWEVER, IT RE-MISSIONS THEM TO PROVIDE EXCLUSIVELY COMMUNITY
23 BASED SPECIALTY CARE AND URGENT CARE, INCLUDING A PROJECTED
24 SMALL INCREASE IN THE NUMBER OF SPECIALTY CARE VISITS. IT
25 SEEKS TO PRIVATIZE 11 OF THE 12 HEALTH CENTERS BY CONTRACTING



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1 WITH THE PUBLIC/PRIVATE PARTNER CLINICS TO OPERATE THESE SITES
2 WHEREVER POSSIBLE AND WITH THE SPECIFIC GOAL OF PROVIDING THE
3 SAME OR SLIGHTLY MORE PRIMARY AND PREVENTIVE CARE VISITS THAN
4 CURRENTLY PROVIDED. IT REDUCES ADMINISTRATIVE COSTS BY \$19
5 BILLION WITHIN THE DEPARTMENT ALONE. AND THE GOAL HERE IS A
6 BALANCED SYSTEM THAT CONTINUES THE SAME NUMBER OF VISITS
7 OVERALL. IT IS IMPORTANT TO NOTE THAT THE DEPARTMENT HAS
8 ESTIMATED THAT WE HAVE A FUNDING DEFICIT OF ROUGHLY \$290.9
9 MILLION IN THE '08 - '09 YEAR. AND THE D.H.S .WAS ASKED TO COME
10 FORWARD WITH A BALANCED BUDGET PROPOSAL FOR THAT YEAR THAT
11 WHICH SOLVES THE PROBLEM WITHIN THE CURRENT RESOURCES. THIS
12 PROPOSAL LOOKS TO SOLVE THE FIRST OF WHAT IS POTENTIALLY A
13 MULTI YEAR PROBLEM. BUT THIS IS A MAJOR STEP FORWARD AND DOWN
14 PAYMENT ON THAT ROAD. THIS IS BASED ON SOME VERY IMPORTANT
15 ASSUMPTIONS THAT MUST BE REALIZED IN ORDER TO ACHIEVE THESE
16 GOALS, AND THESE ASSUMPTIONS COULD BE IMPACTED BY THE STATE
17 BUDGET DEFICIT. IT IS ALSO IMPORTANT TO NOTE THAT THIS
18 PROPOSAL DOES NOT PROPOSE TO CLOSE CLINICS OUTRIGHT AS
19 OCCURRED IN 1995 WITH THE BREAK IN CONTINUITY OF CARE THAT
20 ENSUED. IT'S ALSO IMPORTANT TO RECOGNIZE THAT IT'S MORE IN
21 LINE WITH THE BEGINNINGS OF THE P.P.P. PROGRAM IN 1996 AS PART
22 OF THE FIRST WAIVER AND THE GOAL OF A MORE INTEGRATED SYSTEM
23 OF CARE. THIS PROPOSAL BUILDS ON THE PREVIOUS BOARD POLICY OF
24 BUILDING CONNECTIONS WITH PRIVATE COMMUNITY CLINICS AS A WAY
25 OF STRENGTHENING THE OVERALL DELIVERY SYSTEM. LET ME TOUCH ON



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1 A FEW OF THE ELEMENTS IN SPECIFIC DETAIL SO WE HAVE THE FACTS
2 CORRECT. WITH RESPECT TO PRIMARY CARE, THE COMP CENTERS, THE
3 HEALTH CENTERS AND THE P.P.P.S, MOST PRIMARY CARE WOULD BE
4 PROVIDED THROUGH THE P.P.P. PROGRAM. D.H.S. WOULD NO LONGER
5 DIRECTLY PROVIDE PRIMARY CARE IN MOST HEALTH CENTERS AND IN
6 THE COMPREHENSIVE EXCEPT AT SOUTH ANTELOPE VALLEY. THAT IS
7 HELD OUT SPECIFICALLY BECAUSE IN THE PAST, THAT CLINIC, IN
8 PREVIOUS P.P.P. CONTRACTING ATTEMPTS, WAS NEVER ABLE TO FIND
9 AN APPROPRIATE PARTNER. AND I THINK IT HOLDS OUT THE PRINCIPLE
10 THE BILL LAID OUT, WHICH IS, IF THERE ISN'T AN APPROPRIATE
11 PARTNER TO RUN A CLINIC, THE DEPARTMENT WOULD BE WILLING TO
12 STEP UP AND OPERATE THAT CLINIC, AND WE WOULD HAVE TO FIND
13 SAVINGS ELSEWHERE. WE BELIEVE THAT THIS WOULD RESULT IN A NET
14 REDUCTION OF 232 D.H.S. DIRECTLY-PROVIDED INDIGENT CARE
15 VISITS. BUT BASED UPON THE CURRENT FUNDING SCENARIOS, IT WOULD
16 RESULT IN A TOTAL OF 266, 000 VISITS ANNUALLY FOR INDIGENT
17 PATIENTS THROUGH THE P.P.P. PROGRAM, THUS A SLIGHT INCREASE.
18 THE TOTAL NUMBER OF P.P.P. PRIMARY CARE VISITS WOULD JUMP FROM
19 584,000, WHICH IS WHAT THEY'RE DELIVERING NOW, TO ALMOST
20 850,000. SO A BIG JUMP. IN THE MOST RECENT REQUEST FOR
21 PROPOSALS FOR THE P.P.P. PROGRAM, WE NOTED THAT THERE WAS A
22 TOTAL OF 337,000 ADDITIONAL PRIMARY CARE VISITS OFFERED FOR
23 INDIGENT PATIENTS AS PART OF THAT R.F.P., WHICH IS ROUGHLY
24 70,000 MORE THAN D.H.S. IS RECOMMENDING IN THIS TRANSITION.
25 IT'S ALSO IMPORTANT TO NOTE THAT THE P.P.P./ R.F.P. PROCESS



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1 DID NOT CONSIDER THE AVAILABILITY OF ANY D.H.S. CLINICS AS
2 PART OF ANY P.P.P. TAKEOVER OR EXPANSION. NOW, CLEARLY, THE
3 TIMING AND DETAILS ARE INCREDIBLY IMPORTANT HERE. D.H.S.
4 BELIEVES THAT WORKING WITH THE P.P.P. PROVIDERS TO FULLY
5 EXPLORE ALL THE OPTIONS, TO EXPAND THE NUMBER OF PRIMARY CARE
6 VISITS THROUGH THE P.P.P. PROGRAM IS THE NEXT CRITICAL STEP. I
7 GUESS I JUST WANT TO END THIS SECTION BY RE-EMPHASIZING THE
8 POINT THAT IN THIS PHASE ONE, D.H.S. WOULD NOT STOP DIRECTLY
9 PROVIDING PRIMARY CARE IF A P.P.P. PROVIDER COULD NOT BE
10 IDENTIFIED TO PROVIDE THAT CARE IN THE GEOGRAPHIC AREA. WITH
11 RESPECT TO SPECIALTY AND URGENT CARE CLINICS AT THE C.H.C.S.,
12 THE COMPREHENSIVE HEALTH CENTERS WOULD REMAIN OPEN-- WOULD
13 REMAIN OPEN-- BUT RE-MISSION TO FOCUS ON URGENT CARE AND
14 SPECIALTY CARE WITH THE GOAL OF EXPANDING THE NUMBER OF
15 SPECIALTY CARE VISITS. THE NUMBER OF SPECIALTY CARE VISITS
16 PROVIDED WOULD INCREASE BY ABOUT 37,000 FROM 180 TO ROUGHLY
17 217,500 PER YEAR. AND THE URGENT CARE TOTALS WOULD REMAIN THE
18 SAME, ROUGHLY 161,000 VISITS ANNUALLY. WITH RESPECT TO THE
19 HOSPITALS IN THE MACK, SERVICE CURTAILMENTS AT THE D.H.S.
20 MACKS AND THE HOSPITALS AND THEIR NETWORKS ARE NOT PROPOSED IN
21 THIS PROPOSAL. THE REASON IS THAT INPATIENT EMERGENCY TRAUMA
22 AND SPECIALTY SERVICES PROVIDED AT THE HOSPITALS WOULD BE THE
23 MOST DIFFICULT TO REPLACE IN THE PRIVATE SECTOR. IN ADDITION,
24 REDUCTION IN BEDS AT D.H.S. HOSPITALS WILL MAKE IT MORE
25 DIFFICULT TO MOVE PATIENTS FROM EMERGENCY ROOMS TO HOSPITAL



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1 BEDS. AND THAT CONGESTS ALL E.R.S EVEN MORE, BOTH PUBLIC AND
2 PRIVATE. FINALLY, THE CURRENT STATE WAIVERS REIMBURSEMENT
3 STRUCTURE PAYS FOR A MUCH HIGHER PERCENTAGE OF COSTS ON THE
4 HOSPITAL SIDE. SO TO ACHIEVE THE SAME COUNTY COST SAVINGS
5 WOULD REQUIRE MUCH MORE SIGNIFICANT OVERALL REDUCTIONS IF WE
6 WERE TO TAKE A DIFFERENT PATH. THE HOSPITALS AND THEIR
7 NETWORKS ARE EXPECTED TO YIELD AN APPROXIMATELY \$61 MILLION
8 COST SAVINGS AS PART OF THE DEPARTMENT'S OVERALL FINANCIAL
9 STABILIZATION PLAN OVER THE NEXT TWO YEARS STARTING NOW,
10 CURRENTLY. AND THEY WILL BE REQUIRED TO PROVIDE SERVICES AT
11 THE SAME LEVEL. WITHIN ADMINISTRATION, EVERYBODY IS REQUIRED
12 TO HELP CONTRIBUTE TO THIS DEFICIT MANAGEMENT PLAN, AND THE
13 ADMINISTRATIVE COSTS ARE EXPECTED TO DECREASE BY \$19 MILLION
14 WITHIN THE DEPARTMENT OVER THE NEXT TWO YEARS, LET ALONE ANY
15 SAVINGS OUTSIDE THE DEPARTMENT. WHAT ARE THE NEXT STEPS? FIRST
16 OF ALL, WE NEED TO ACTIVELY PURSUE REVENUE OPTIONS TO MITIGATE
17 THE FUNDING SHORTFALL AND IDENTIFY ADDITIONAL COST SAVINGS IN
18 THE FACILITIES TO AUGMENT THAT TOTAL OF \$81 MILLION ALREADY
19 COMMITTED TO THE HOSPITAL AND ADMINISTRATIVE SAVINGS. WE NEED
20 TO WORK WITH STATE AND FEDERAL ELECTED OFFICIALS TO RESOLVE
21 THE CRITICAL OUTSTANDING ISSUES. WE NEED THE BEGIN THE
22 NECESSARY PLANNING STEPS TO IMPLEMENT PHASE ONE OF THE
23 HEALTHCARE DELIVERY SYSTEM RECONFIGURATION, WHICH IS REACHING
24 OUT TO THE P.P.P.S AND STARTING TO TALK WITH THEM ABOUT WHAT
25 THOSE NEXT STEPS WOULD LOOK LIKE. WE NEED TO WORK WITH THE



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1 C.E.O. TO DEVELOP A PROPOSED SCHEDULE FOR ANY REQUIRED
2 BEILENSEN HEARINGS OR NEXT STEPS, BUT AS MR. FUJIOKA
3 SUGGESTED, HE ENVISIONS A LONG TIMEFRAME TO GET THAT WORK
4 DONE. SO THAT DATE WOULD BE SOMEWHERE OUT IN THE FUTURE.

5

6 **SUP. MOLINA:** [INAUDIBLE]

7

8 **DR. BRUCE CHERNOF:** THAT IS THE TIME FRAME, SUPERVISOR, THAT
9 THE DEPARTMENT CREATED BASED UPON THE BOARD'S INSTRUCTION AND
10 THE C.E.O.'S INSTRUCTION TO BE PREPARED TO IMPLEMENT IN JULY
11 IF WE NEEDED TO. SO WE DO HAVE THE-- WE HAVE A FOOTPRINT THAT
12 WOULD ALLOW US TO IMPLEMENT IN JULY, BUT WE DO BELIEVE THAT
13 TAKING SOME ADDITIONAL TIME WOULD BE VALUABLE.

14

15 **SUP. MOLINA:** WHAT DOES ADDITIONAL TIME LOOK LIKE TO YOU?

16

17 **C.E.O. FUJIOKA:** WE'RE SUGGESTING JULY 1ST, 2009. WHAT WE SAID
18 AND WHAT WE STAND BY--

19

20 **SUP. MOLINA:** JULY 1ST, 2009 WOULD BE STEP ONE? WHAT STEP WOULD
21 THAT BE HERE?

22

23 **SUP. BURKE, CHAIR:** SUPERVISOR MOLINA, I KNOW, BUT JUST A
24 SECOND.

25



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1 **SUP. YAROSLAVSKY:** LET HER GO AHEAD. IT'S A GOOD QUESTION.

2

3 **SUP. MOLINA:** I'M SAYING THIS IS WHAT I GOT. I HEARD SOMETHING
4 DIFFERENT FROM MR. FUJIOKA AND I'M CONFUSED. IT'S A PUBLIC
5 HEARING, I JUST WANT TO KNOW. WHICH TIMEFRAME ARE WE ON?

6

7 **DR. BRUCE CHERNOF:** SUPERVISOR, THAT WAS THE PLAN THE PUBLIC
8 CREATED IN RESPONSE TO THE C.E.O.'S EXPECTATION THAT WE BE
9 ABLE TO BALANCE THE BUDGET BY JULY 1ST OF THIS YEAR. IN REVIEW
10 WITH THE C.E.O., HE AND HIS STAFF AND CONCURRENCE WITH THE
11 DEPARTMENT, BELIEVE THAT TAKING THE ADDITIONAL TIME TO WORK
12 WITH THE P.P.P.S TO MAKE SURE THAT WE HAVE AN APPROPRIATE
13 PARTNER WOULD REQUIRE ADDITIONAL TIME. SO THE TRANSITION IS
14 SMOOTHER.

15

16 **C.E.O. FUJIOKA:** THE FIRST INSTRUCTION GIVEN TO THE DEPARTMENT
17 WOULD BE THAT THESE BUDGET CUTS WOULD BE ACHIEVED BY JULY 1ST
18 OF THIS YEAR. THAT WAS AN INSTRUCTION THAT WAS GIVEN TO THEM.
19 WE FEEL THAT GIVEN THE IMPACT, WE NEED TO MAKE THIS A LONGER
20 TRANSITION UNTIL JULY 1ST OF 2009. ANOTHER CRITICAL STEP--

21

22 **SUP. YAROSLAVSKY:** WHEN DID THAT DECISION GET CHANGED? WHEN DID
23 THAT RECOMMENDATION GET CHANGED? BECAUSE I'M LOOKING AT A
24 SCHEDULE HERE OF JULY OF '08 AND NOW IT'S JULY OF '09. WHEN
25 DID THAT CHANGE?



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1
2 **C.E.O. FUJIOKA:** WE'VE BEEN TALKING AMONGST OURSELVES. WE
3 LOOKED AT IT. WE'VE HEARD COMMENTS FROM THE VARIOUS BOARD
4 OFFICES REGARDING THEIR CONCERNS RELATED TO THE IMPACT THIS
5 WOULD CAUSE. WE'RE COMING TO YOU TODAY SUGGESTING THAT WE
6 CHANGE THAT DATE FROM JULY 1ST, 2008 AND MOVE TO 2009. WHERE
7 WE CAN MAKE SOME CHANGES IMMEDIATELY, ESPECIALLY THOSE ON THE
8 ADMINISTRATIVE SIDE, WE WOULD GO FORWARD. THIS PLAN IS NOT AS
9 IF WE'RE GOING TO WAIT TO DO EVERYTHING ON JULY 1ST, 2009.
10 WHERE WE CAN ACHIEVE THE TRANSITION OR IDENTIFY CUTS, WE WILL
11 DO SO IMMEDIATELY. ANOTHER CRITICAL STEP THAT I NEED TO STATE
12 IS BECAUSE THE IMPACT TO OUR EMPLOYEES, WE HAVE A COMMITMENT
13 TO WORK WITH OUR LABOR PARTNERS TO LOOK AT HOW THIS PLAN WILL
14 BE IMPLEMENTED. AND WE ALSO UNDERSTAND-- I'VE SEEN SEVERAL
15 MOTIONS THAT HAVE BEEN PROPOSED, WE'VE BEEN ASKED TO LOOK AT
16 ALTERNATIVES. GIVEN, ESPECIALLY REQUESTS TO LOOK AT
17 ALTERNATIVES, THE JULY 1ST, 2008 DATE IS ABSOLUTELY NOT
18 VIABLE. WE NEED TO STRETCH IT OUT TO 2009. THAT WILL REQUIRE
19 US TO USE SOME OF OUR SURPLUS FUNDS TO MAKE THAT TRANSITION.
20 BUT AGAIN IF WE BRING-- IF WE IDENTIFY SOMETHING THAT THIS
21 BOARD FEELS IS APPROPRIATE AND REASONABLE, WE WILL MOVE
22 FORWARD MUCH QUICKER. AND THAT COULD BE SOME CUTS THAT HAVE
23 MINIMAL IMPACT ON OUR STAFF, BUT EVEN MORE IMPORTANT, A VERY
24 POSITIVE IMPACT ON OUR DELIVERY MODEL. BUT WE'LL BE COMING
25 BACK WITH THOSE VERY SPECIFIC PROPOSALS TO THIS BOARD.



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1

2 **SUP. BURKE, CHAIR:** SUPERVISOR KNABE? OH, SUPERVISOR
3 YAROSLAVSKY AND THEN SUPERVISOR KNABE AND THEN I HAVE SOME
4 QUESTIONS. I KNOW A LOT OF PEOPLE WANT TO BE HEARD.

5

6 **SUP. YAROSLAVSKY:** THANK YOU, MADAME CHAIR. THERE IS A LOT OF
7 CONFUSION IN MY SHOP. AND I'M NOT SURPRISED THAT THERE MIGHT
8 BE SOME CONFUSION IN OTHER SHOPS. AND I'LL GRANT YOU THAT
9 MAYBE THE REACTION THAT A NUMBER OF US HAVE HAD HAS CAUSED YOU
10 TO EITHER PRIVATELY, WHEN WE SHARED OUR REACTIONS, THOSE WHO
11 DID, AND PUBLICLY MAY HAVE CAUSED YOU TO RETHINK SOME OF THESE
12 AND THE TIMING OF ALL THIS.

13

14 **C.E.O. FUJIOKA:** TRUE.

15

16 **SUP. YAROSLAVSKY:** WHICH IS NOT BAD. IT'S A GOOD THING. BUT I
17 WANT TO GET TO THE ISSUE AT HAND, WHICH IS WHETHER IT'S JULY
18 OF '08 OR JULY OF '09 OR ANY TIME BETWEEN NOW AND THEN, WHAT
19 IS IT YOU ARE REALLY SAYING YOU'RE GOING TO DO? THE FIRST AND
20 FOREMOST THING, I WANT TO BE REAL CLEAR, WHEN I FIRST CAME TO
21 THIS BOARD SOME 13 YEARS AGO, THE FIRST THING THAT HAPPENED TO
22 ALL OF US WAS WE WERE FACED WITH A MELTDOWN OF OUR COUNTY
23 BUDGET, LARGELY FUELED BY THE MELTDOWN IN THE COUNTY HEALTH
24 DEPARTMENT'S BUDGET. AND WE DON'T HAVE TO GO THROUGH THE WHOLE
25 HISTORY, BUT THE END RESULT OF ALL THAT WAS A COMMITMENT THAT



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1 WE MADE, AS PART OF A MACRO DEAL WITH THE FEDERAL GOVERNMENT,
2 THAT WE WOULD MASSIVELY EXPAND, WITH THE HELP OF THE FEDERAL
3 GOVERNMENT, AND OUR OWN HELP, EXPAND THE AMBULATORY CARE, THE
4 CLINICAL CARE AND EXPAND THE REACH, WHICH WE DID. WE WENT FROM
5 SOME 39 CLINICS THAT WE HAD, INCLUDING THE COMP CLINICS IF MY
6 MEMORY SERVES ME CORRECTLY, TO AT ONE POINT WE HAD OVER 100
7 VENUES. WE PARTNERED WITH A LOT OF THE NONPROFIT CLINICS
8 AROUND TOWN. WE CUT SOME OF THOSE CLINICS A FEW YEARS AGO,
9 WHICH LEFT US-- I DON'T KNOW HOW MANY DO WE HAVE NOW, 90
10 ROUGHLY?

11

12 **DR. BRUCE CHERNOF:** IT'S JUST UNDER 100, SUPERVISOR.

13

14 **SUP. YAROSLAVSKY:** JUST UNDER 100. AND FOR THE SAKE OF PEOPLE
15 WHO ARE HEARING THIS FOR THE FIRST TIME, THESE ARE IMPORTANT
16 INVESTMENTS WE'RE MAKING. THE TOTAL SAVINGS THAT YOU ESTIMATE
17 FOR THESE CLINIC CLOSURES WAS \$29 MILLION. WHICH IN A \$4
18 BILLION BUDGET, WHICH IS CLOSE TO WHAT YOU HAVE, YOU'RE CLOSE
19 TO 4 BILLION NOW, IS LUDICROUS BECAUSE THE VALUE OF THESE--
20 PLEASE-- THE VALUE OF THESE CLINICS NOT ONLY TO THE HEALTH OF
21 OUR COUNTY AND THE HEALTH OUTCOMES IN THE COMMUNITIES THAT ARE
22 SERVED BY OUR CLINICS IN OUR COUNTY, BUT ALSO TO SOME RELIEF,
23 WHATEVER RELIEF THERE MIGHT BE TO THE EMERGENCY ROOMS THAT WE
24 RUN AND THAT THE PRIVATE SECTOR RUNS, IT'S SELF-EVIDENT, THAT
25 WE DON'T WANT TO SHRINK. FOR \$29 MILLION, WE DON'T WANT TO



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1 SHRINK THAT WHOLE AMBULATORY INFRASTRUCTURE. IF YOU TOLD ME
2 YOU WERE GOING TO SAVE \$290 MILLION BY CLOSING 12 CLINICS, I'D
3 HAVE TO THINK TWICE. BUT WHEN YOU TELL ME OUT OF A \$4 BILLION
4 BUDGET, YOU WILL SAVE 29 MILLION THIS WAY, THEN I HAVE TO
5 WEIGH THAT AGAINST WHAT THE COST BENEFIT RATIO IS. AND I THINK
6 IT'S FOOLISH. AND I'VE SAID THAT BEFORE. I'VE SAID IT TO YOU
7 PRIVATELY. I'VE SAID IT TO YOUR PEOPLE PRIVATELY. I'M GOING TO
8 SAY IT PUBLICLY. I JUST DON'T WANT TO SEE US USE THIS AS THE
9 VARIABLE IN THE BUDGET BALANCING EQUATION. EVERYTHING ELSE IS
10 RELATIVELY CONSTANT. WHILE YOU'VE DISCUSSED THIS WITH THE
11 C.E.O. THIS MORNING, YOU POINTED OUT THAT YOU HAVE \$47 MILLION
12 IN VARIOUS ADMINISTRATIVE CUTS IN THE NONCLINICAL SIDE OF IT,
13 MOSTLY IN THE NONCLINICAL SIDE OF IT. THE FACT IS THAT THE
14 HOSPITAL SYSTEM REMAINS LARGELY UNTOUCHED. IT REMAINS A SACRED
15 COW, FOR A VARIETY OF REASONS. SOME OF THEM YOU INDICATED, THE
16 ECONOMIC FUNDING STREAMS AND ALL THAT. AND PART OF IT I JUST
17 THINK THERE'S A BIAS IN YOUR DEPARTMENT FOR THE HOSPITAL
18 SYSTEM. AND YOU'RE NOT AS FAVORABLE TO THE CLINICAL SYSTEM.
19 YOU'VE HAD THREE DIRECTORS OF AMBULATORY CARE IN THE LAST
20 YEAR, YEAR AND A HALF. YOU STILL HAVE AN INTERIM. YOU HAVEN'T
21 BEEN ABLE TO HIRE A PERMANENT. YOU TOOK THE AMBULATORY CARE
22 OFFICE OUT OF YOUR HEADQUARTERS BUILDING FIGUEROA AN AND YOU
23 SHUNTED IT DOWN TO COMMERCE, OUT OF SIGHT AND OUT OF MIND. THE
24 BODY LANGUAGE, THE BUREAUCRATIC BODY LANGUAGE THAT I GET, AND
25 I CAN ONLY SPEAK FOR MYSELF, IS THAT THIS IS A PROGRAM THAT'S



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1 IN TROUBLE IN TERMS OF ITS RECOGNITION BY THE COUNTY FAMILY.
2 SO I'M TAKING THIS OPPORTUNITY TO DO TWO THINGS. ONE IS, I
3 WANT TO DISSECT WHAT YOU'RE ACTUALLY TALKING ABOUT DOING, AND
4 SECONDLY YOU'RE ASKING ALL OF US, ASSUMING THAT YOUR PLAN IS
5 SOUND AND ONCE YOU FIGURE IT OUT AND YOU GET THE TIMING DOWN,
6 THAT IT'S A SOUND PLAN AND THERE WILL BE NO CUT IN SERVICE AND
7 ALL. WHAT YOU'RE ASKING US TO DO IS TO TRUST THAT THE
8 DEPARTMENT OF HEALTH SERVICES WILL IMPLEMENT THIS CONVERSION
9 TO A NEW PARTNERSHIP WITH THE NONPROFIT PARTNERS THAT WE HAVE
10 FOR AMBULATORY OUTPATIENT CARE. YOU'RE ASKING US TO TRUST THAT
11 IN THE FACE OF A THREE INTERIM DIRECTORS IN THE LAST YEAR,
12 YEAR AND A HALF AND WHAT APPEARS TO ME TO BE SOMEWHAT OF
13 INSTABILITY IN THAT END OF YOUR DEPARTMENT. THAT MAY BE AN
14 OVERSTATEMENT ON MY PART, BUT FOR THE SAKE OF ILLUSTRATING THE
15 PROBLEM, I WANT TO MAKE THAT CASE. I WANT YOU TO HEAR ME LOUD
16 AND CLEAR, BECAUSE MY DISTRICT-- AND IT HAS NOTHING TO DO WITH
17 ME, OR VERY LITTLE TO DO WITH ME, I JUST PROVIDE, ALONG WITH
18 MY FOUR COLLEAGUES, THE MONEY; BUT I AM BLESSED IN MY PART OF
19 THE COUNTY TO HAVE A TREMENDOUS NONPROFIT CHARITABLE
20 INFRASTRUCTURE, WHICH OTHER COMMUNITIES ARE DEVELOPING AND ARE
21 CATCHING UP.

22

23 **SUP. BURKE, CHAIR:** DON'T HAVE AND WILL CATCH UP.

24



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1 **SUP. YAROSLAVSKY:** MY PART OF THE COUNTY IS BLESSED WITH
2 ORGANIZATIONS LIKE L.A. FREE CLINIC AND VENICE FAMILY CLINIC,
3 AND EL PROYECTO DEL BARRIO, AND NORTHEAST VALLEY HEALTH
4 CORPORATION. I COULD GO ON AND ON. THEY ARE ALL OUR PARTNERS.
5 THEY TOOK OVER THREE OF OUR COUNTY CLINICS, OR THE BULK OF
6 THEM. IN CANOGA PARK, IN HOLLYWOOD, WILSHIRE AND SANTA MONICA.
7 THOSE ARE GOOD MODELS. BUT WE DIDN'T SHUT THOSE CLINICS DOWN.
8 WE DIDN'T SHUT THOSE CLINICS DOWN AND SAY "NOW IF YOU LIVE IN
9 SANTA MONICA, YOU'VE GOT TO GO OVER TO BEVERLY FAIRFAX TO THE
10 L.A. FREE. OR YOU'VE GOT TO GO TO VENICE TO THE VENICE FAMILY
11 CLINIC. THEY ARE TWO OR THREE MILES LONGER THAN YOU DID
12 BEFORE." OR IF WE LIVED IN CANOGA PARK, WE DIDN'T SHUT IT DOWN
13 AND SAY "NOW YOU HAVE TO GO TO VAN NUYS, THE 10-MILE TREK TO
14 OUR VAN NUYS, TO THE COMP CLINIC, WHICH IS THE NEAREST CLINIC
15 TO CANOGA PARK." SO YOU'VE GOT A NECKLACE OF CLINICS ALL OVER
16 TOWN. AND IT MAY BE IN MY PART OF THE COUNTY ONE OR TWO MORE
17 CLINICS. YOU KNOW, BRUCE, BECAUSE YOU HELPED US WITH THIS. YOU
18 KNOW HOW HARD IT WAS TO NEGOTIATE THE DEAL WITH L.A. FREE AND
19 HOLLYWOOD WILSHIRE. THEY'VE GOT A FIDUCIARY RESPONSIBILITY.
20 EVERY ONE OF THESE NONPROFITS, WHETHER IT'S IN LA PUENTE OR
21 WHETHER IT'S IN SOUTH L.A. OR WHETHER IT'S IN THE WEST SIDE,
22 ARE GOING TO NICKEL AND DIME US, BECAUSE THEY HAVE A FIDUCIARY
23 RESPONSIBILITY TO MAKE SURE THEY DON'T GET LEFT HOLDING THE
24 BAG. IT WAS A LONG NEGOTIATION. SO THE NUMBER ONE ISSUE IS:
25 ARE YOU GOING TO CLOSE DOWN CLINICS? LET ME ASK YOU A VERY



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1 SPECIFIC QUESTION. IN YOUR SHEET, AND I'LL JUST PICK THE FIRST
2 ONE-- IT'S NOT THE FIRST ONE. LA PUENTE. LA PUENTE, YOU
3 INDICATE A \$2.3 MILLION SAVINGS BY WHATEVER YOU WERE PROPOSING
4 TO DO WITH THE LA PUENTE CLINIC, CORRECT?

5

6 **DR. BRUCE CHERNOF:** CORRECT.

7

8 **SUP. YAROSLAVSKY:** WHAT DOES IT COST TO OPERATE THE LA PUENTE
9 CLINIC THIS YEAR?

10

11 **DR. BRUCE CHERNOF:** ROUGHLY 10 MILLION, SUPERVISOR.

12

13 **SUP. YAROSLAVSKY:** SO WHAT YOU WERE GOING TO DO AT LA PUENTE?

14

15 **DR. BRUCE CHERNOF:** THIS CLINIC, LIKE THE OTHERS, SUPERVISOR,
16 WOULD BE PROPOSED FOR PRIVATIZATION.

17

18 **SUP. YAROSLAVSKY:** SO YOU WERE PROPOSING TO TURN IT OVER TO A
19 NONPROFIT?

20

21 **DR. BRUCE CHERNOF:** CORRECT.

22

23 **SUP. YAROSLAVSKY:** AT THAT VENUE?

24

25 **DR. BRUCE CHERNOF:** CORRECT.



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1

2 **SUP. YAROSLAVSKY:** AND THE DIFFERENCE BETWEEN 10 MILLION AND
3 6.7 MILLION, I GUESS, IS WHAT YOU THINK IT WOULD COST A
4 NONPROFIT TO RUN THAT CLINIC BECAUSE THERE IS A SAVINGS OF 2.3
5 MILLION.

6

7 **SUP. MOLINA:** WE WOULD PAY THEM TO DO IT.

8

9 **SUP. YAROSLAVSKY:** I UNDERSTAND.

10

11 **C.E.O. FUJIOKA:** WE HAVE THE COST MODEL WHAT IT COSTS US TO
12 PROVIDE A PRIMARY CARE VISIT, FIRST TO WHAT IT COSTS A P.P.P.
13 WHAT'S INTERESTING IN THIS I NEED TO EMPHASIZE THAT WE WILL
14 NOT BACK AWAY FROM ANYONE. I HAD MENTIONED EARLIER THAT WE
15 WILL NOT CLOSE A HEALTH CENTER OR REDUCE A SERVICE AT THAT
16 HEALTH CENTER UNTIL WE FIND A VIABLE ALTERNATIVE. AND I DON'T
17 MEAN TWO MILES AWAY. WE ALREADY HAVE A SITUATION, AND I WON'T
18 NAME THE HEALTH CENTER, BUT WE HAVE ONE OF THESE ON THE LIST
19 WHO WE WERE CONTACTED VIA EMAIL BY A HIGHLY QUALIFIED P.P.P.
20 WHO SAID THEY'RE VERY, VERY INTERESTED IN WORKING WITH US AND
21 TAKING OVER THE SERVICES, OR AT LEAST PROVIDING SERVICES AT
22 THAT HEALTH CENTER.

23

24 **SUP. YAROSLAVSKY:** I UNDERSTAND, BILL. I UNDERSTAND THAT.
25 THAT'S ALL FINE AND GOOD. AND I'M SURE THERE'S MORE THAN ONE



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1 P.P.P. THAT WANTS TO HELP US OUT. THE QUESTION IS, WHEN I'VE
2 GOT THE REPORT, I KNOW WHAT WE'RE ALL SAYING NOW. BUT WHEN I
3 GOT THIS REPORT AND THE PRELIMINARY REPORT AND THE DRAFT
4 DOCUMENTS ASSOCIATED WITH THE REPORT, THERE WAS NO TALK ABOUT
5 THAT. AT LEAST NOT TO ME. AND THE WAY IT LOOKED TO ME WAS YOU
6 WERE GOING TO CLOSE-- AND IN FACT I BELIEVE SOME OF THE
7 DOCUMENTS EVEN SAID THAT, THEY WERE GOING TO CLOSE THESE 12
8 EXCEPT FOR THE ONE IN THE SOUTH ANTELOPE VALLEY. YOU WERE
9 GOING TO CLOSE THESE CLINICS, TAKE THE SAVINGS FROM THOSE
10 CLOSURES, GIVE THEM TO PRIVATE NOT FOR PROFIT PARTNERS THAT WE
11 HAVE, SO THEY COULD PICK UP THE SLACK. THEY DIDN'T SAY THEY
12 WOULD PICK UP THE SLACK AT, FOR EXAMPLE, LA PUENTE. MY
13 INTERPRETATION OF THIS, WHETHER IT WAS LA PUENTE OR LAKE LOS
14 ANGELES OR LITTLE ROCK OR SAN FERNANDO, YOU EVEN WERE GOING TO
15 SAVE A WHOPPING \$100,000 BY CLOSING THE VAUGHN STREET HEALTH
16 CENTER, THE VAUGHN STREET ELEMENTARY SCHOOL FOR \$100,000. WHAT
17 WERE YOU GUYS THINKING? I MEAN THAT IS A MODEL, A NATIONAL
18 PROGRAM THAT HAS BEEN CITED. PRESIDENT OF THE UNITED STATES,
19 THE FIRST LADY OF THE UNITED STATES CAME OUT THERE. THIS FIRST
20 LADY CAME OUT TO VAUGHN STREET TO GIVE THEM A CERTIFICATE OF
21 ACHIEVEMENT, FOR \$100,000. AND WHAT WERE YOU GOING TO DO
22 THERE? TURN THE VAUGHN STREET INTO A P.P.P.? I DON'T THINK SO.
23 WE DON'T EVEN RUN THAT PLACE, DO WE? SO I'M JUST TRYING TO GET
24 SOME CONSISTENCY AS TO WHAT YOU'RE TALKING ABOUT BECAUSE WHEN
25 I GOT IT, IT WAS SHUT DOWN THE CLINICS. USE THE SAVINGS TO PUT



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1 IT INTO OTHER CLINICS. TO ME, THAT'S TROUBLE, BECAUSE I DON'T
2 KNOW WHETHER THOSE CLINICS ARE A HALF A MILE AWAY OR 14 MILES
3 AWAY. AND IT COULD BE EITHER ONE. IF YOU'RE TELLING ME THAT
4 YOU ARE COMMITTED NOT TO CLOSE ANY CLINIC, OR YOU'RE COMMITTED
5 NOT TO RECOMMEND TO US, BECAUSE WE WILL BE THE ONES THAT HAVE
6 TO MAKE THAT DECISION.

7

8 **C.E.O. FUJIOKA:** TRUE.

9

10 **SUP. YAROSLAVSKY:** YOU RECOMMEND TO US THAT YOU ARE NOT GOING
11 TO-- SORRY. YOU COMMIT TO US THAT YOU'RE NOT GOING TO
12 RECOMMEND CLOSING ANY CLINIC UNLESS THAT CLINIC HAS A BONA
13 FIDE PRIVATE PARTNER, NOT FOR PROFIT PRIVATE PARTNER WHO IS
14 PREPARED TO TAKE OVER THAT VENUE AND PROVIDE AT LEAST THAT
15 LEVEL OF SERVICE AS WE'VE DONE IN THE THREE THAT I'VE
16 MENTIONED AND I'M SURE IT'S BEEN DONE IN OTHER PARTS OF THE
17 COUNTY, THEN THAT'S ANOTHER STORY. BUT THAT'S NOT WHAT WE
18 HEARD UNTIL ALL THIS THING BLEW UP. MAYBE YOU HAD AN IDEA, ALL
19 OF YOU GUYS HAD AN IDEA ABOUT WHERE YOU WERE GOING WITH THIS,
20 BUT THAT DIDN'T GET COMMUNICATED TO ME. AND CONTRARY TO
21 POPULAR BELIEF, IT DIDN'T GET COMMUNICATED TO MY STAFF,
22 EITHER. SO ON ALL OF THIS STUFF, THOSE ARE MY CRITERIA. SO YOU
23 KNOW WHERE I'M COMING FROM. AND I'M JUST ONE LITTLE COUNTRY
24 BOY FROM BEVERLY FAIRFAX. BUT I'VE GOT TO VOTE. AND I'M GOING
25 TO BE HEARD ON THIS BECAUSE THIS IS-- TO ME, I UNDERSTAND ALL



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1 OF THE ARCANE NATURE OF THE HEALTHCARE FINANCING BUSINESS. I
2 UNDERSTAND ALL THE DIFFICULTIES WE HAVE WITH OUR BUDGET. I
3 ALSO UNDERSTAND THE LEVEL OF OUR BUDGET DEFICIT IS DEPENDING
4 UPON THE ASSUMPTIONS WE MAKE. AND THE ASSUMPTIONS ARE GETTING
5 HARDER NOT TO MAKE, THE NEGATIVE ASSUMPTIONS ARE GETTING
6 HARDER AND HARDER NOT TO MAKE. BUT NEVERTHELESS, FOR \$29
7 MILLION, TO WHAT I PERCEIVED WAS TO IMplode THOSE CLINICS THAT
8 WE RUN, I THOUGHT WAS A MISTAKE. AND THEN THERE'S THE ISSUE
9 THAT MRS. BURKE RAISED IN THE NEWSPAPER THE OTHER DAY, WHICH
10 IS THE SAME QUESTION THAT WE HAD: IS THERE A NOT FOR PROFIT
11 INFRASTRUCTURE OR CAPACITY, NOT INFRASTRUCTURE, BUT CAPACITY
12 TO PICK UP THE SLACK ON ALL OF THIS? THAT'S A BIG QUESTION.
13 I'M NOT SURE THERE IS IN MY PART OF THE COUNTY, LET ALONE IN
14 OTHER PARTS OF THE COUNTY. AND WE'VE GOT A LOT OF NONPROFITS
15 WHO ARE IN THIS BUSINESS. SO THE ISSUE THERE IS-- AND I KNOW
16 THAT THE P.P.P.S ARE CHOMPING AT THE BIT BECAUSE THEY SEE THIS
17 AS AN OPPORTUNITY TO EXPAND THEIR MISSION. BUT DO THEY HAVE
18 THE CAPACITY TO PICK UP THE SLACK FOR ALL OF THESE? AND THEN
19 IF YOU GET INTO A WORSE-- IF THAT'S THE RIGHT ENGLISH WORD,
20 CASE SCENARIO, THE WORST CASE SCENARIO, THE OTHER OPTION THAT
21 YOU HAD WHICH WAS NOT PUBLICLY CIRCULATED BUT WHICH I THINK IS
22 WELL KNOWN TO EVERYBODY WATCHING THIS ,IS THAT THE WORST CASE
23 SCENARIO NOT ONLY SEES THESE CLINICS CLOSE AND NOT USE THE
24 SAVINGS TO PLOW BACK INTO THE NOT FOR PROFIT CLINICAL CARE BUT
25 IT ALSO PROPOSES TO CLOSE THE COMPREHENSIVE HEALTHCARE



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1 CLINICS. THAT'S IN A 300 SOME ODD MILLION DOLLAR DEFICIT AS
2 OPPOSED TO THE \$190 MILLION DEFICIT THAT THIS ATTEMPTS TO
3 CLOSE. SO, BRUCE, I THINK THE AMBULATORY CARE PIECE IS SO
4 CRITICAL TO US, IT'S NOT AS SEXY AS HOSPITALS. IT'S NOT AS
5 SEXY AS TRAUMA CENTERS. BUT IT'S A VITAL PART OF OUR
6 HEALTHCARE DELIVERY SYSTEM. AND ALL I SEE WHEN I LOOK AT THIS
7 IS I SEE A LONG LIST OF CLINICS. AND I DON'T SEE MUCH OF
8 ANYTHING ELSE. WAS THERE ONE CAR THAT WAS GIVEN UP? WAS THERE
9 ONE EXECUTIVE POSITION THAT WAS GIVEN UP? WAS THERE ONE P.I.O.
10 THAT WAS GIVEN UP? I MEAN WHERE ARE THE ADMINISTRATIVE
11 SACRIFICES THAT WE WOULD EXPECT? AND BILL, I KNOW IN THE CITY
12 WHEN YOU WERE THERE RUNNING THAT PLACE, THAT'S THE WAY WE USED
13 TO DO IT. YOU'D SPREAD THE BURDEN. EVERYBODY BEARS SOME SHARE
14 OF THE BURDEN. NOBODY BEARS A DISPROPORTIONATE SHARE OF THE
15 BURDEN. AND THAT MEANS EVERYBODY.

16

17 **C.E.O. FUJIOKA:** WE INTEND TO PROVIDE THAT INFORMATION. ONE
18 THING THAT I JUST HAVE TO INTERJECT, WHICH IS ALL YOUR POINTS,
19 ABSOLUTELY, I TOTALLY AGREE WITH. WHAT WE'RE TRYING TO DO IS
20 CHANGE THE HEALTHCARE DELIVERY MODEL FOR L.A. COUNTY. THIS
21 CURTAILMENT IS ONE OF THE DRIVING FACTORS. FOR ANYTHING OF
22 THIS SIZE, YOU'RE TALKING ABOUT 190 MILLION OR EVEN 300 PLUS
23 MILLION DOLLARS, THE SOLUTION IS NOT ONE SINGLE ACT. IT CAN BE
24 THE SUM OF MANY, MANY DIFFERENT ACTS.

25



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1 **SUP. YAROSLAVSKY:** THAT'S RIGHT.

2

3 **C.E.O. FUJIOKA:** THAT'S THE KEY. WHAT I BELIEVE IN IS THAT WE
4 HAVE THE BEGINNINGS OF AN OUTSTANDING AMBULATORY CARE MODEL IN
5 L.A. COUNTY THROUGH THE P.P.P.S AND WITH US WORKING WITHIN THE
6 COMP CENTERS. THE P.P.P.S HAVE SEEN OUR PARTIAL COMMITMENT.
7 THROUGH THIS WE'RE TRYING TO COMMUNICATE IS THAT WE'RE
8 ABSOLUTELY COMMITTED TO EXPANDING OUR P.P.P. MODEL. I BELIEVE
9 ONCE WE DEMONSTRATE THAT COMMITMENT, AND FOR EVERY SINGLE
10 ACTION WE TAKE, WE WILL BRING IT BACK TO THIS BOARD. WE'RE NOT
11 GOING TO DO ANYTHING UNTIL THE BOARD SEES-- AND I MEAN
12 SOMETHING AS SPECIFIC, WHETHER IT'S SMALL OR VERY, VERY LARGE
13 ACTION, WE WILL BRING THE DETAILS TO YOU. BUT ONCE THE P.P.P.S
14 SEE OUR ABSOLUTE COMMITMENT TO EXPANDING OUR-- THE
15 ACCESSIBILITY TO AMBULATORY CARE IN THE COUNTY, NOT
16 NECESSARILY THROUGH A D.H.S. CLINIC. BECAUSE WHEN I RAN D.H.S.
17 CLINICS IN THE EARLY '90S, WE WERE IT. WE DIDN'T REALLY HAVE
18 ANY P.P.P.S. AND THEN SLOWLY OUT OF OUR COMMITMENT TO THE
19 FEDERAL GOVERNMENT, AS PART OF THE 1115 WAIVER, WE STARTED
20 EXPANDING IT. YOUR DISTRICT HAS THE MODEL. WE HAVE OTHER
21 SUCCESS STORIES IN OTHER DISTRICTS. BUT ONCE WE SEE IT, I'M
22 FULLY CONVINCED STARTING NOW WHAT THE P.P.P.S ARE SAYING, "IF
23 THEY'RE REAL, IF THEY'RE SERIOUS, WE WILL EXPAND, WE WILL MOVE
24 INTO ANOTHER SERVICE." AND THAT'S EVIDENCED BY THE EMAIL THAT
25 I GOT TODAY BY SOMEONE. AND THIS ISN'T A FLY BY NIGHT FIRM.



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1 THEY'RE SAYING, "WE WILL WALK INTO ONE OF THE HEALTH CLINICS
2 ON THIS LIST AND WE WILL OPERATE OUT OF THAT CLINIC. LET'S
3 START TALKING." THAT'S IT.

4

5 **SUP. YAROSLAVSKY:** THE OTHER PIECE AND I'LL SHUT UP IS: IF
6 YOU'RE GOING TO TAKE MORE TIME, THIS DOESN'T ABSOLVE ALL OF US
7 COLLECTIVELY, AT THE STAFF AS WELL AS THE BOARD LEVEL, OF
8 DEALING WITH THE BUDGET DEFICIT ISSUE ITSELF. IF YOU'RE GOING
9 TO-- I MEAN THE WAY I GOT THIS, THIS WAS PART OF A MOSAIC OF
10 CUTS IN ADDITIONAL REVENUES THAT WAS GOING TO BALANCE \$194.5
11 MILLION HOLE. NOW IF YOU WILL WAIT A YEAR AND A HALF TO
12 IMPLEMENT THAT, OR SOME OF IT, A GOOD PART OF IT, THEN I THINK
13 MR. KNABE'S MOTION, WHICH IS ON THE GREEN SHEET, WHICH I
14 SUPPORT, ASKS FOR ALTERNATIVES. I'M SURE THAT THOSE
15 ALTERNATIVES INCLUDE THOSE THAT MAY NOT EVEN BE ON YOUR LIST
16 RIGHT NOW. NO SACRED COWS. THAT YOU REALLY TAKE A SCRUB BRUSH
17 AND START SCRUBBING EVERYTHING IN THAT DEPARTMENT, THE
18 HOSPITAL AND THE EXECUTIVE OFFICE. I MEAN YOU STILL GOT 850
19 PEOPLE OR WHATEVER IT IS EMPLOYED AT THE MACK AT M.L.K. WHEN
20 OUR CONSULTANT SAYS IT OUGHT TO BE 650 OR LESS, OR 650. AND
21 THAT'S RUNNING MILLIONS OF DOLLARS IN ADDITIONAL COSTS.
22 THERE'S NOT THE KIND OF URGENCY ABOUT SOME OF THESE COSTS THAT
23 WOULD COST NOTHING IN TERMS OF SERVICES AND YET WE HAVE A
24 PROPOSAL THAT APPEARED TO US, TO MANY OF US, THAT IT WAS GOING
25 TO CUT SERVICES. SO IF THE KNABE MOTION PASSES LATER TODAY AND



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1 YOU'RE GIVING, I THINK WHAT HAVE YOU ASKED FOR, APRIL? AND YOU
2 CAN COME BACK AT APRIL OR SOONER, FOR THAT MATTER, COME BACK
3 WITH A BROADER RANGE OF ALTERNATIVES, JUST ASIDE FROM THESE
4 KINDS OF MOTHERHOOD AND APPLE PIE THINGS, WHICH IN MY EYES,
5 ARE PENNY WISE AND POUND FOOLISH. THANK YOU.

6

7 **SUP. BURKE, CHAIR:** SUPERVISOR KNABE?

8

9 **SUP. KNABE:** THANK YOU, MADAME CHAIR. I GUESS THERE'S GOING TO
10 BE A LOT OF REDUNDANCY HERE IN SOME OF THE COMMENTS MADE
11 TODAY. BUT AGAIN GOING BACK, THIS LOOKS LIKE THE PLAN THAT WAS
12 TAKEN OFF THE SHELF IN 1994, 1993, 1995. AND MAKE A
13 SIGNIFICANT DIFFERENCE THEN AS IT IS NOW, THAT WAS A DISASTER.
14 BUT MORE IMPORTANTLY, WE HAD 13 TO 15 MORE E.R.S. PLUS WE HAD
15 M.L.K. THAT WAS OPEN AND OPERATING. AND SO WE HAVE SOME VERY
16 SIGNIFICANTLY DIFFERENT ISSUES BACK IN THAT MOMENT OF TIME
17 EVEN WHEN WE MADE THAT DIFFICULT DECISION THAT TURNED OUT NOT
18 TO BE VERY GOOD. YOU KNOW, WE SHOULD BE OPENING MORE CLINICS
19 INSTEAD OF CLOSING CLINICS. [APPLAUSE.] (FEEDBACK). YOU KNOW,
20 INSTEAD OF ONCE AGAIN JUST USING THE SAME OLD TIRED NUMBERS
21 AND THE SAME OLD APPROACH, WE SHOULD BE LOOKING AT THIS AS AN
22 OPPORTUNITY. WHAT ARE WE SELLING? HOW CAN WE DELIVER IT
23 BETTER? WHAT CAN WE DO? CAN IT BE A CASH BASIS KIND OF A
24 SITUATION? I MEAN THERE'S ALL KINDS OF DIFFERENT
25 OPPORTUNITIES. THAT WAS THE PURPOSE OF MY MOTION WAS TO REALLY



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1 LOOK AT EVERYTHING. ZEV MADE THE COMMENT ABOUT OTHER PORTIONS
2 OF THE BUDGET. I MEAN THERE IS AN ACCOUNTABILITY FACTOR FOR
3 THE C.E.O. AND FOR YOU BECAUSE IN THERE IS ALSO \$80 MILLION
4 WORTH OF CUTS ON THE OTHER SIDE, NOT INCLUDING THE CLINICS.
5 THERE IS SOMETHING THERE THAT WE HAVE TO WATCH AND MONITOR
6 THAT INCLUDES ALL THE OTHER PORTIONS OF THE DEPARTMENT. BUT IN
7 THE PAST THERE HAS NOT BEEN REAL ACCOUNTABILITY AS TO THOSE
8 PARTICULAR CUTS. WE'VE WORKED VERY HARD AND I KNOW IN MY
9 DISTRICT WE JUST REOPENED IN THE LAST COUPLE OF YEARS THE
10 NORWALK CLINIC, A JOINT VENTURE. AND AGAIN THE P.P.P. IDEA MAY
11 WORK. AND IT'S A GREAT IDEA. IF IT'S CLOSE. IF IT'S CLOSE.
12 EITHER EXISTING FACILITY OR ACROSS THE STREET OR IN THE
13 NEIGHBORHOOD. BUT IF IT'S TWO MILES AWAY, SIX MILES AWAY, ALL
14 YOU'RE GOING TO DO IS TO OVERBURDEN AND OVERBURDEN EMERGENCY
15 ROOM SYSTEM. WHEN I FIRST GOT THIS, AND I HAVE TO AGREE WITH
16 MY COLLEAGUES, IT SAID CLOSURE. IT DIDN'T SAY JULY OF '09. IT
17 SAID CLOSURE. AND IT'S ABOUT THE SAME TIME I THINK THE SAME
18 DAY WE DEALT WITH THE ISSUE OF IMMEDIATE JEOPARDY AT HARBOR
19 U.C.L.A. HOW IN THE WORLD CAN WE THINK ABOUT CLOSING CLINICS
20 AND PUTTING MORE PRESSURE ON OUR E.R.S WHEN WE'RE DEALING WITH
21 THIS? IT'S A CAPACITY ISSUE. IT'S A HUGE CAPACITY ISSUE. AND
22 AGAIN WHEN WE NEED TO LOOK AT EVERYTHING. MAYBE THIS IS AN
23 OPTION BUT IT WAS NOT PRESENTED AS AN OPTION. IT WAS PRESENTED
24 AS CLOSURE. AGAIN, I THINK THERE'S ALL KINDS OF OPPORTUNITIES
25 TO LOOK AT HOW WE DELIVER THE SERVICE, AND WE NEED TO PARTNER



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1 IT. BUT WE CAN'T RUSH INTO CRISES. WE NEED A VERY THOUGHTFUL
2 PROCESS. AND THAT WAS THE INTENT OF MY MOTION. LET'S LOOK AT
3 IT. LET'S TO TRY TO DO THE RIGHT THING. BECAUSE AT THE END OF
4 THE DAY, WE ARE THAT ULTIMATE SAFETY NET. BUT THAT DOESN'T
5 MEAN THAT WE HAVE TO CONTINUE TO DELIVER SERVICE THE SAME OLD
6 WAY. THAT THERE'S ALL KINDS OF OPPORTUNITIES OUT THERE. NOT
7 ONLY PUBLIC-PRIVATE PARTNERSHIPS BUT THE WAY WE DELIVER IT.
8 AND THE OPPORTUNITIES THAT WE MAY HAVE TO GENERATE ADDITIONAL
9 REVENUES. BECAUSE A LOT OF THESE FOLKS ARE SITTING OUT THERE
10 AND THEY'RE NOT WILLING TO SPEND 5, \$600 A MONTH FOR
11 INSURANCE, BUT THEY MIGHT SPEND \$100 FOR A BROKEN ARM FOR \$50
12 FOR A CHECKUP. THERE ARE PEOPLE OUT THERE WILLING TO SPEND
13 SOME MONEY FOR HEALTHCARE. AND WE NEED TO DEAL WITH THAT. WE
14 NEED TO CONTINUE TO PUT THE PRESSURE ON THE FEDS. WE'VE GOT
15 THIS WHOLE ARRAY OF THINGS WHICH IS SAME OLD, SAME OLD. BUT AT
16 THE END OF THE DAY, THE WAY WE DELIVER THIS GREAT
17 RESPONSIBILITY THAT WE HAVE, CLOSING CLINICS IS NOT ONE OF
18 THOSE AS FAR AS I'M CONCERNED AT THIS PARTICULAR POINT,
19 PARTICULARLY BASED ON OUR PREVIOUS ACTIONS AND WE KNOW WHAT
20 THE FAILURE THERE WAS.

21

22 **DR. BRUCE CHERNOF:** COULD I RESPOND, SUPERVISOR? I THINK YOUR
23 POINTS ARE WELL TAKEN. YOUR COMMENTS TO SUPERVISOR
24 YAROSLAVSKY. FIRST OF ALL, LET ME SAY THAT PROBABLY THE USE OF
25 CLOSURE WAS NOT THE BEST WORD TO DESCRIBE THE ACTION.



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1

2 **SUP. KNABE:** I'D SAY THAT'S A GREAT OBSERVATION..

3

4 **DR. BRUCE CHERNOF:** I THINK THAT THE KEY THING TO UNDERSTAND
5 HERE IS THAT THE GOAL HAS BEEN, SINCE THE INCEPTION OF THE
6 PLAN, TO TRY TO PRIVATIZE THOSE CLINICS AND TO PRESERVE THE
7 TOTAL NUMBER OF SERVICES. THE FIDUCIARY RESPONSIBILITY OF THIS
8 DEPARTMENT AND OF MY TEAM IS TO DO EVERYTHING POSSIBLE TO
9 PRESERVE THE CURRENT LEVEL OF SERVICES WE'RE PROVIDING. AND IF
10 IT'S POSSIBLE TO EXPAND THEM, THAT WOULD BE A GREAT THING. WE
11 ARE TOTALLY FOR LOOKING FOR WAYS TO EXPAND SERVICES BUT WE ARE
12 AT THE BEGINNING OF A MULTI YEAR PROBLEM FINANCIALLY. THIS IS
13 ABOUT GETTING US OVER THE NEXT FEW YEARS, NOT TO THE KINDS OF
14 CLIFFS THAT YOU ALL HAVE LIVED THROUGH OVER MANY DIRECTORS,
15 BUT TO TRY TO TAKE INCREMENTAL STEPS TO BUILD A MORE STABLE
16 DELIVERY SYSTEM, TO BUILD ON THE STRENGTHS WE HAVE, TO BUILD
17 ON THE PARTNERS WE HAVE AND TO LOOK THE STATE BEDS AND OTHERS
18 IN THE EYE ABOUT OUR OPPORTUNITIES GOING FORWARD. SUPERVISOR
19 KNABE, YOU SAID SOMETHING THAT WAS VERY IMPORTANT TO ME, WHICH
20 IS: IF WE CAN DO THINGS BETTER IN-HOUSE, IF WE CAN DRAW IN
21 MORE PATIENTS, WE SHOULD ABSOLUTELY BE DOING THOSE THINGS. SO
22 THIS IS THE BEGINNING OF A JOURNEY AS WE'RE GOING TO HAVE TO
23 FACE THIS BUDGET DEFICIT OVER THE NEXT FEW YEARS. WITH
24 RESPECT, SUPERVISOR YAROSLAVSKY, TO WHAT YOU WERE SAYING,
25 LOOK, I GREW UP IN THIS SYSTEM. AND IN 1995, YOU ALL THANKED



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1 ME FOR MY COUNTY SERVICE. AND I WAS AROUND DURING THOSE
2 CURTAILMENTS. AND I CAME BACK AND I WOULD SHARE WITH YOU THAT
3 THE ORIGINAL P.P.P.S WHEN THEY GOT OFF THE GROUND IN THE SAN
4 FERNANDO VALLEY WERE SOME OF THE BEST ORGANIZED AND BEST RUN.
5 AND VALLEY CARE IS THE BY-PRODUCT OF THAT WORK. AND THAT WAS
6 THE WORK I DID WHEN I WAS IN THE DEPARTMENT. SO NOBODY VALUES
7 AND APPRECIATES THAT MORE CONCEPTUALLY. THERE ARE PLACES WHERE
8 MY DEPARTMENT CERTAINLY CAN DO A BETTER JOB. AND I THINK
9 GETTING THIS AMBULATORY CARE POSITION FILLED IS FRANKLY ONE OF
10 THEM. WE'VE WORKED HARD WITH THE C.E.O. AND D.H.R. STAFF TO
11 GET THE RIGHT LEVEL ITEM, TO BE ABLE TO POST THAT ITEM. WE ARE
12 VERY CLOSE. AND I WOULD SAY THE DEPARTMENT AS A WHOLE HAS
13 BUILT ON THOSE VALLEY CARE SUCCESSES. SO THERE'S FINE EXAMPLES
14 UP AROUND L.A.C./U.S.C. WITH RESPECT TO THE COMMUNA DE SALUD
15 PROGRAM. AND THERE ARE OTHER GOOD EXAMPLES ELSEWHERE IN THE
16 SYSTEM. SO WE HAVE BUILD ON THOSE SUCCESSES, BUT WE NEED TO
17 CONTINUE TO GROW THAT KIND OF SUCCESS GOING FORWARD. IT IS
18 EXTREMELY IMPORTANT THAT WE CONTINUE TO PROVIDE A BALANCED
19 SYSTEM. FOR THE EMERGENCY ROOMS THAT ARE CROWDED, IT IS BOTH A
20 FRONT END AND A BACK END ISSUE. IF WE ARE NOT THERE TO PROVIDE
21 INPATIENT SERVICES, IF WE ARE NOT THERE TO PROVIDE EMERGENCY
22 ROOM SERVICES, THOSE PATIENTS GO ELSEWHERE. IF WE ARE NOT
23 THERE TO PROVIDE COMMUNITY CLINIC VISITS, THOSE THAT WE
24 OPERATE, THOSE THAT OTHERS OPERATE, THOSE PEOPLE GO ELSEWHERE.
25 SO THIS IS A PROPOSAL THAT LOOKS TO KEEP SERVICES IN PLACE



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1 WHEREVER POSSIBLE. SUPERVISOR KNABE, TO YOUR POINT, I ACCEPT
2 THAT CLOSURE WAS TOO TOUGH A WORD BECAUSE THAT WAS NOT THE
3 INTENTIONED GOAL OF THE PROGRAM.

4

5 **SUP. BURKE, CHAIR:** DR. CHERNOF, I HAVE TO SAY THAT WHEN I
6 HEARD THIS, THERE'S NO QUESTION I WENT JUST BERSERK. AND FOR A
7 NUMBER OF REASONS. SUPERVISOR YAROSLAVSKY HAS EXCELLENT
8 P.P.P.S. AND I WANT TO SAY THAT I'VE BEEN A SUPPORTER OF OUR
9 PUBLIC- PRIVATE PARTNERS BECAUSE THERE ARE SOME EXCELLENT
10 ONES. BUT THERE ARE ALSO SOME REAL DIFFERENCES BASED UPON AREA
11 AND SOME OF THOSE P.P.P.S IN YOUR AREA , MR. YAROSLAVSKY,
12 SERVE PEOPLE IN THE ADJACENT AREA, OVER IN MY DISTRICT. BUT
13 I'M TALKING ABOUT THE SOUTH LOS ANGELES AREA. TO ME, IT WAS
14 VERY, VERY DISTURBING BECAUSE I HAD JUST SPENT A TREMENDOUS
15 AMOUNT OF TIME TRYING TO FIGURE OUT HOW TO SAVE A P.P.P.,
16 BECAUSE THEY DID NOT GET THE KIND OF REIMBURSEMENT THAT MADE
17 IT POSSIBLE TO PAY FOR THE SERVICES THAT THEY WERE PROVIDING.
18 AND WHAT DO WE DO WITH THEM? IF YOU HAVE A PHILANTHROPIC
19 COMMUNITY WHERE THEY WILL SUPPLEMENT MONEY, IF THEY'RE WILLING
20 TO GIVE EVENTS WHERE THEY CAN GIVE MONEY TO THESE NONPROFITS,
21 THEY WORK. BUT DEPENDING UPON THE REIMBURSEMENT LEVEL THAT WE
22 HAVE PROVIDED TO THEM, ONE AFTER ANOTHER, I SPENT A TREMENDOUS
23 AMOUNT OF TIME FIGURING OUT HOW WE'RE GOING TO SAVE THEM
24 BECAUSE THEY DON'T HAVE, NUMBER ONE, OUTSIDE FUNDS. THEY'RE
25 OPERATING IN VERY LIMITED CIRCUMSTANCE. NOW, I ALSO HAVE TO



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1 TELL YOU, THIS IS A VERY SENSITIVE ISSUE WITH ME. WHEN YOU
2 TALK ABOUT DOLLAR HIDE, IT WAS ABOUT 1995 THAT THERE WERE TWO
3 CLINICS IN CLOSE PROXIMITY, ONE AT ROSS GRANTS AND ONE AT
4 DOLLAR HIDE. THEY SAID "OKAY, YOU'VE GOT TO CLOSE ONE." THEY
5 CLOSED ONE OF THE CLINICS. DOLLAR HIDE WAS THE ONLY-- WAS THE
6 REMAINING CLINIC. SMALLER, BUT DOLLAR HIDE HAS CONTINUED TO
7 HAVE ISSUES, PROBLEMS. OUR CLINICS NEED REPAIRS. THEY HAVE NOT
8 BEEN UPGRADED. THEY DON'T HAVE THE SYSTEMS THAT THEY NEED. AND
9 INSTEAD OF US UPGRADING THEM, WE'RE TALKING ABOUT-- AND YOU
10 SAID YOU WEREN'T TALKING ABOUT CLOSING THEM. I UNDERSTOOD WE
11 WERE TALKING ABOUT CLOSING THEM. THAT WAS MY UNDERSTANDING.
12 AND IMMEDIATELY I SAID "WHERE ARE YOU GOING TO FIND THE
13 PARTNERS TO COME IN TO TAKE THE PLACE OF THOSE CLINICS?" NOW,
14 AS I UNDERSTAND IT, WHAT YOU'RE SAYING NOW OR PROPOSING,
15 YOU'RE GOING TO FIND NONPROFITS TO COME INTO THE EXISTING
16 FACILITY TO OPERATE THEM, IS THAT WHAT YOU'RE PROPOSING?

17

18 **DR. BRUCE CHERNOF:** THAT'S THE GOAL, SUPERVISOR.

19

20 **SUP. BURKE, CHAIR:** NOW, WE WEREN'T ABLE TO DO THAT WITH OUR
21 HOSPITALS. YOU CAN'T FIND THE DOCTORS. AND HOW ARE YOU GOING
22 TO OPERATE THAT IN SUCH A WAY THAT THE REIMBURSEMENT RATE
23 MAKES UP FOR ALL THE COSTS OF PROVIDING SERVICES TO A LARGELY
24 UNINSURED POPULATION. THAT'S THE KIND OF ISSUE THAT I'M REALLY
25 CONCERNED ABOUT. NOW I HEARD MR. FUJIOKA SAY, "WELL WE'VE HAD



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1 SOME P.P.P.S WHO SAID THEY'LL GO INTO SOME OF THESE AREAS AND
2 OPERATE THEM." WELL, YOU KNOW HOW THAT GOES. WE'VE GONE
3 THROUGH THIS. CLOSE RANCHO, CLOSE HARBOR. WE'VE GONE THROUGH
4 THIS AND IT'S ALWAYS THE SAME HYSTERIA. AND IT ALWAYS IS
5 SOMEONE'S GOING TO COME IN AND DO IT. THEY DON'T. WE'RE STILL
6 WAITING FOR SOMEONE TO COME INTO RANCHO. THEY HAVEN'T
7 APPEARED. WELL THEY APPEAR, BUT WHEN THEY LOOK AT IT, THEY
8 LEAVE AS FAST AS THEY COME IN. THEY COME. YEAH. THEY COME.
9 THEY TAKE A LOOK. LET ME TELL YOU WHEN THEY GO OUT TO DOLLAR
10 HIDE, DO YOU KNOW WHAT THEY'RE GOING TO SAY? "THIS IS NOT
11 COMPARABLE TO THE KIND OF FACILITIES WE'RE ACCUSTOMED TO
12 OPERATING" BECAUSE WE'VE ALLOWED THEM TO DETERIORATE. WHEN I
13 TRY TO GET MONIES TO GET THEM UPGRADED, YOU KNOW, NO ONE--
14 EVERYBODY LOOKS THE OTHER WAY AND THINKS I'M A SPENDTHRIFT OR
15 A LIBERAL, AS THEY CALL IT. THE IDEA IS ONE THING. TRANSLATING
16 IT INTO OPERATION IS ANOTHER. AND I AM VERY, VERY CONCERNED
17 ABOUT ANY PLAN THAT'S GOING TO SAY "WE'RE GOING TO FIND
18 NONPROFITS TO OPERATE FACILITIES IN SOUTH LOS ANGELES WHERE WE
19 HAVE FACILITIES THAT ARE NOT UP TO PAR" NOW I DON'T WANT TO
20 SAY WE DON'T HAVE EXCELLENT PUBLIC-PRIVATE PARTNERS. WE HAVE
21 SOME EXCELLENT ONES. BUT WE HAVE A LOT WHO ARE IN TROUBLE. AND
22 I HAVE BEEN TALKING TO YOU. I HAVE BEEN TALKING TO MR.
23 FUJIOKA. HOW ARE WE GOING TO SAVE ONE OF OUR CLINICS? OUR
24 PUBLIC-PRIVATE PARTNERS? WHO OWES US \$500,000 THAT HAS NOT
25 BEEN ABLE TO OPERATE, WHO IS IN A BUILDING THAT THE STAIRS ARE



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1 FALLING DOWN. OTHERS THAT ARE HAVING DIFFICULTY IN TERMS OF
2 GETTING THEIR REIMBURSEMENT. SO HOW DO YOU DO THIS? IT'S A
3 GREAT-- YOU KNOW, I KNOW WE HAVE TO GRASP FOR STRAWS. THIS IS
4 NOT THE RIGHT STRAW. WE HAVE TO LOOK AT SOME OTHER METHODS OF
5 A DEFICIT THAT WE ALL KNOW IS THERE. BUT GETTING BACK TO THE
6 CASH THAT MR. KNABE SAID. AT ONE TIME, I ASKED IF WE COULD
7 JUST HAVE PEOPLE WHO ARE WILLING TO PAY \$30 AT HUMPHREY COME
8 IN LATE AND PAY FOR THE KIND OF THINGS THAT THEY PAY IF THEY
9 GO TO SOME OF THE OTHER PRIVATES. NOT OUR PARTNERS BUT SOME OF
10 THE OTHER PRIVATE CLINICS THAT EXIST IN MANY PARTS OF SOUTH
11 AND EAST LOS ANGELES. DO YOU KNOW WHAT HAPPENED? THEY SAID,
12 "WELL WE CAN'T GET PEOPLE TO STAY THERE LATE IN ORDER TO DO
13 THE COLLECTIONS. IT'S TOO MUCH TROUBLE TO COLLECT THE MONEY."
14 THERE'S A LOT-- THERE ARE A LOT OF ALTERNATIVES THAT WE HAVE
15 REALLY NOT PURSUED. LOOK AT THE DIFFERENCE BETWEEN WHAT
16 HAPPENS AT ST. FRANCIS IN TERMS OF MOTHERS WHO COME IN THERE
17 WHO ARE UNDOCUMENTED AND THEY HAVE THE SOCIAL WORKERS TO
18 QUALIFY THEM. BUT AT KING WE NEVER HAD THEM. SO IT'S THE
19 APPLICATION. AND IT'S THE ABILITY TO DO SOMETHING THAT I THINK
20 WE'VE GOT TO LOOK AT. THERE ARE PLACES WE HAVE TO LOOK AT
21 ALTERNATIVES. HOW MUCH IS DOLLAR HIDE? I THINK IT'S A MILLION.
22 IT'S WHAT WE'RE TALKING ABOUT CLOSING DOLLAR HIDE FOR. AND
23 AGAIN IT'S JUST PENNY WISE, POUND FOOLISH. I MEAN IT MAKES NO
24 SENSE. AND LET ME TELL YOU THIS. IF I BELIEVED THAT WE WERE
25 GOING TO HAVE BETTER SERVICE AND WE WERE GOING TO HAVE THE



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1 SAME KIND OF SERVICE THAT THEY HAVE IN SOME OF THE EXCELLENT
2 PUBLIC- PRIVATE PARTNERSHIPS, I'D BE THE FIRST ONE ON BOARD.
3 BUT AT THIS POINT, I AM NOT CONVINCED. AND I AM REALLY, REALLY
4 AFRAID I'M GOING TO END UP WITH DOLLAR HIDE CLOSED AND THERE
5 WILL BE NO SERVICE IN THE AREA. SO THAT'S REALLY MY ISSUE.
6 SUPERVISOR ANTONOVICH?

7

8 **SUP. ANTONOVICH:** BACK IN 1995 WHEN WE WORKED WITH THE
9 ADMINISTRATION AT THAT TIME AND THE PRESIDENT AND THE H.H.S.,
10 I REMEMBER EACH SUPERVISOR TALKING, IN FACT, WHEN WE HAD THE
11 PRESIDENT OUT HERE ON THE TARMAC, THAT THIS AGREEMENT WAS TO
12 ENSURE THAT WE WOULD HAVE PUBLIC-PRIVATE PARTNERSHIPS TO HELP
13 MEET THE NEEDS, MEET THE COSTS AND EXPAND THE SERVICE. WELL,
14 13 YEARS LATER, WE'RE NOW GETTING AROUND TO CARRYING OUT A
15 COMMITMENT THAT WE MADE TO THE CLINTON ADMINISTRATION AND WE
16 MADE TO THE BUSH ADMINISTRATION. AND THAT WAS A COMMITMENT
17 THAT EACH OF US MADE. IF YOU GO BACK, THE PRESS WILL GO BACK
18 AND HEAR OUR STATEMENTS AT SANTA MONICA AIRPORT WITH PRESIDENT
19 CLINTON, IN THE CONVERSATIONS WE HAD, AND THE PRESS
20 CONFERENCES, BOTH IN WASHINGTON AND HERE, IT WAS THAT WERE
21 GOING TO MOVE FORWARD IN PUBLIC-PRIVATE PARTNERSHIPS TO REDUCE
22 THE COSTS AND EXPAND THE SERVICE. IT'S MY UNDERSTANDING THAT
23 WHAT WE HAVE BEFORE US TODAY IS NOT ONE WHERE WE'RE GOING TO
24 CLOSE SERVICE, BUT IT'S ONE WHERE WE ARE GOING TO REPLACE AND
25 EXPAND SERVICE. AND UNTIL THAT CAN BE PROVEN THAT WE ARE NOT



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1 EXPANDING AND REDUCING THE COSTS, BUT ENSURING THAT THOSE
2 NEEDS THAT ARE BEING MET TODAY WILL BE MET TOMORROW, AND THEN
3 YOU'RE KIND OF SHOOTING THE MESSENGER BEFORE US TODAY, AND
4 WHAT WE HAVE IS A COMMITMENT THAT HAS BEEN MADE TO TWO
5 ADMINISTRATIONS, TWO ADMINISTRATIONS, WE HAVE MADE THOSE. AND
6 WE NEED TO MOVE FORWARD TO ENSURE THAT WE DO HAVE A SAFETY NET
7 IN PLACE, AND IF WE HAVE PUBLIC-PRIVATE PARTNERSHIPS AS A
8 PARTNER IN ACHIEVING THIS GOAL, THEN WE WILL HAVE SERVED THE
9 NEEDS OF OUR CLIENTS AND THE PEOPLE WE REPRESENT AND THE
10 COMMITMENTS WE'VE MADE IN WASHINGTON AND IN LOS ANGELES. SO,
11 YOU KNOW, AGAIN, WE'RE NOT RUSHING IN. I WOULD FAULT THE
12 DEPARTMENT FOR NOT MOVING AGGRESSIVELY IN THE PAST IN
13 ACHIEVING THOSE COMMITMENTS THAT HAVE BEEN MADE. THOSE ARE
14 BASED UPON FISCAL APPROPRIATIONS THAT THE FEDERAL GOVERNMENT
15 WAS MAKING FOR US TO ENSURE THE INTEGRITY AND THE VIABILITY OF
16 THE HEALTH SYSTEM, THE HEALTHCARE SYSTEM IN THE COUNTY OF LOS
17 ANGELES, AND I BELIEVE WE HAVE TO WORK TOGETHER TO ENSURE HOW
18 WE MEET THESE NEEDS BUT IT'S GOING TO HAVE TO BE WHERE OUR
19 COMMITMENTS ARE MADE AND NOT RESCINDED AS SOON AS WE GET THE
20 CHECK AND THEN GO BACK TO WASHINGTON THIS YEAR AND SAY, WELL,
21 GIVE US ANOTHER 10 YEARS AND A WAIVER AND THEN WE WILL, AT
22 THAT TIME, PUT IN THESE TYPES OF REFORMS THAT ARE SO
23 NECESSARY. OTHERWISE, THEY'RE JUST GOING TO SAY, "YOU
24 PROMISED, YOU DIDN'T FOLLOW THROUGH, SO WHY SHOULD WE WORK
25 WITH YOU TO HELP YOU MEET A CRISIS THAT YOU HAVE BECAUSE



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1 YOU'RE A PART OF THE PROBLEM IN NOT MEETING THAT
2 RESPONSIBILITY?"

3

4 **SUP. BURKE, CHAIR:** SUPERVISOR ANTONOVICH, I WAS ON THAT
5 TARMAC. WHAT WE COMMITTED WAS TO ESTABLISH A SYSTEM THAT WAS A
6 NONPROFIT SYSTEM TO INCREASE, NOT TO SUBSTITUTE FOR, A CLINIC
7 SYSTEM THAT WE HAVE, AND WE DID ESTABLISH IT. WE ESTABLISHED
8 IT AND I CAN RECALL THAT THERE WERE MANY INSTANCES OF WHERE WE
9 LOOKED AT SOME OF OUR FACILITIES AND THERE WAS A BIG ISSUE. IF
10 THE COUNTY ACTUALLY OPERATES IT ITSELF, IS IT ABLE TO BE
11 REIMBURSED FOR SOME OF THOSE FUNDS THAT WERE COMMITTED? AND
12 THE ANSWER WAS, IN MOST INSTANCES, NO, BECAUSE THAT WAS FOR A
13 TOTALLY NEW SYSTEM. WE MET OUR COMMITMENT, WE ESTABLISHED THAT
14 SYSTEM, WE RECEIVED THE FUNDS, WE PASSED THEM ON, AND ONE OF
15 THE CRITERIA WAS THAT IT BE NON-COUNTY OPERATED, BUT IT DID
16 NOT INCLUDE THAT THERE WOULD NOT BE A COUNTY-OPERATED SYSTEM.
17 SO WHAT WE DID-- AND MUCH OF THE CONCERN WAS TO MEET FEDERAL
18 REQUIREMENTS FOR THOSE PEOPLE WHO COME INTO OUR SYSTEM. AND WE
19 KNEW THAT IF IT WAS NONPROFIT AND IT WAS NOT OPERATED BY A
20 GOVERNMENTAL ENTITY, MANY OF THE PEOPLE WE SERVE WOULD BE ABLE
21 TO GO INTO THAT ALTERNATIVE SYSTEM THAT HAS BEEN ESTABLISHED
22 AND IS DOING VERY WELL, BUT AT NO TIME WAS A REPRESENTATION
23 MADE THAT WE WERE GOING TO ELIMINATE THE PUBLIC SYSTEM. IT WAS
24 SUPPLEMENTAL AND WE CARRIED IT OUT AND I'M SURE IF YOU GO BACK
25 AND LOOK AT EXACTLY WHAT WAS SAID, NOT ONLY BY US, BUT BY THE



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1 PRESIDENT, ALSO BY ALL OF THOSE PEOPLE WE NEGOTIATED WITH,
2 BECAUSE I WORKED ON THAT. I REMEMBER WORKING WITH GRANTLAND
3 JOHNSON AND TALKING TO HIM AS THE REGIONAL DIRECTOR. AT NO
4 TIME DID WE TALK ABOUT ELIMINATING THE PUBLIC.

5

6 **SUP. ANTONOVICH:** WE'RE ONLY LOOKING AT ELIMINATING IN THOSE
7 AREAS WHERE WE HAVE A PROVIDER AND THE COSTS ARE LESS IN ORDER
8 TO MEET THE NEEDS OF OPERATING THE SYSTEM, THOSE HEALTH
9 CENTERS THAT WE CURRENTLY HAVE THAT WE ARE NOT GOING TO BE
10 INVOLVED IN A P.P.P..

11

12 **SUP. BURKE, CHAIR:** WELL, MY UNDERSTANDING WAS THAT WE WERE ON
13 A ROAD TO FINDING PEOPLE FOR EVERY ONE OF THOSE CENTERS TO
14 OPERATE THEM, AND-- IS THAT MY UNDERSTANDING? AM I INCORRECT?

15

16 **SUP. YAROSLAVSKY:** WELL, AND THE OTHER THING IS, MADAM CHAIR,
17 IS THAT DR. CHERNOF HAS ADMITTED THAT THE CHOICE OF THE WORD
18 "CLOSURE" MIGHT NOT HAVE BEEN THE BEST CHOICE OF WORDS. IT
19 ONLY MEANS ONE THING TO US, AND MAYBE YOU FATHOMED THAT
20 "CLOSURE" DIDN'T MEAN CLOSURE BUT IT MEANT IT TO THE REST OF
21 US, AND I DON'T THINK THERE'S A DISAGREEMENT, PHILOSOPHICAL
22 DISAGREEMENT, WITH THAT KIND OF AN OPERATIONAL PARTNERSHIP, IF
23 THAT'S THE ONLY WAY TO GET THE JOB DONE. AND IN SOME CASES, IT
24 IS, BUT THERE IS A PROBLEM WITH CLOSURE, AND THAT'S WHAT-- WE
25 WERE GOING BACKWARDS, THE WAY THIS REPORT CAME, MIKE. WE WERE



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1 GOING-- WE WERE REVERSING COURSE FROM WHERE WE WERE ON THE
2 TARMAC, NOT STOPPING WHAT WE WERE DOING, WE WERE GOING
3 BACKWARDS, AND THAT'S--

4

5 **SUP. BURKE, CHAIR:** AND YOU KNOW, SUPERVISOR YAROSLAVSKY, IT'S
6 TRUE, "CLOSURE" WAS AN UNFORTUNATE USE OF THE WORD, BUT EVEN
7 WHEN YOU START SUBSTITUTING AND MOVING AWAY FROM THE PRESENT
8 MODEL TO A NONPROFIT OPERATOR OF OUR SYSTEM, I HAVE SOME BASIC
9 ISSUES THAT NEED TO BE RESOLVED IN MY MIND AND THEY'RE THE
10 SAME ONES THAT WE'VE SEEN AT OUR HOSPITALS: WHERE DO YOU FIND
11 THAT OPERATOR WHO IS WILLING TO ABSORB THE DIFFERENCE BETWEEN
12 WHAT WE'RE GOING TO PAY AND WHAT IT ACTUALLY COSTS TO PROVIDE
13 THE SERVICE? AND I KNOW THAT WE'RE REPRESENTING TO ALL OF
14 THESE FINE PEOPLE OUT HERE, WE'RE GOING TO MAKE THEM WHOLE,
15 BUT WHEN THE TIME COMES TO GET THAT CONTRACT AND GET
16 REIMBURSED, I QUESTION WHETHER WE WILL REIMBURSE THEM AT THEIR
17 TOTAL COST. OUR EXPECTATION IS THEY'RE NONPROFITS, THEY'RE
18 GOING TO HAVE ACCESS TO OUTSIDE FUNDS. SOME OF THEM MAY BE
19 FEDERALLY QUALIFIED HEALTH PLANS AND THEY GET FEDERAL FUNDS.
20 OTHERS WILL NOT, BUT OUR PRESUMPTION WILL ALWAYS BE, SINCE
21 THEY'RE NONPROFIT, THEY'RE GOING TO HAVE A FLOW OF FUNDS FROM
22 THE PRIVATE SECTOR, IN MANY INSTANCES, THE PHILANTHROPIC
23 COMMUNITY, MAYBE FOUNDATIONS, MAYBE INDIVIDUAL CONTRIBUTORS.
24 THAT WILL BE THE BOTTOM LINE IN ORDER TO OPERATE.

25



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1 **SUP. ANTONOVICH:** BUT THEY'RE NOT DOING THAT IN AREAS WHERE
2 THEY DON'T HAVE A P.P.P., WHERE THEY HAVE PUBLIC-PRIVATE
3 PARTNERSHIPS, THEY WILL EXPLORE THAT. WHERE THEY DON'T,
4 THEY'RE CONTINUING TO HAVE THE COUNTY-OPERATED SYSTEM IN
5 PLACE, BUT ONE OF THE PROBLEMS THAT IS RAISED, AND WE HAVE TO
6 FISCALLY BE RESPONSIVE, IT COSTS ABOUT \$194, \$197 TO TREAT A
7 PERSON AT THE HEALTH CENTER VERSUS ABOUT A \$94 FEE FOR-- AT A
8 PUBLIC-PRIVATE PARTNERSHIP.

9

10 **SUP. KNABE:** VERSUS ABOUT 800 AT AN E.R.

11

12 **SUP. BURKE, CHAIR:** RIGHT, AND BUT ALSO, WE HAVE TO SAY, WHAT
13 IS THE DIFFERENCE BETWEEN THAT AMOUNT THAT WE PAY AND, IN MANY
14 INSTANCES, IT'S AN AMOUNT, AS IT IS IN OUR HOSPITAL, THE
15 AMOUNT THAT IT COSTS TO OPERATE OUR HOSPITALS IS TOO HIGH. WE
16 NEED TO LOOK AT THAT.

17

18 **SUP. ANTONOVICH:** YOU'RE RIGHT.

19

20 **SUP. BURKE, CHAIR:** WAIT A MINUTE. THE DIFFERENCE BETWEEN WHAT
21 WE PAY AND OUR-- AND THE COST IN GOING INTO ONE OF OUR
22 CLINICS, AND THE COST FOR A NONPROFIT IS OFTEN THAT THEY MAKE
23 UP THAT DIFFERENCE, AND THE EXPECTATION IS THAT THEY WILL MAKE
24 UP THAT DIFFERENCE IN TERMS OF COSTS BY OUTSIDE CONTRIBUTIONS
25 OR RAISING THE FUNDS, AND THAT'S-- THIS IS THE PROBLEM I'M



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1 FACING, AND THE REASON I SAY THAT IS I'M LOOKING AT CLINICS
2 THAT ARE HAVING DIFFICULTY OPERATING. I CAN THINK OF THREE IN
3 MY DISTRICT RIGHT NOW. THEY'RE PUBLIC-PRIVATE PARTNERS,
4 THEY'RE TRYING TO PROVIDE THE SERVICE, BUT THEY DON'T HAVE
5 THAT GAP MONEY, AND AS A RESULT, THEY ARE GOING UNDER, AND
6 THAT'S WHAT, YOU KNOW, IF ALL OF THEM WERE DOING FLOURISHING
7 IN SOUTH LOS ANGELES, I WOULDN'T HAVE ANY QUESTIONS ABOUT IT,
8 BUT THEY AREN'T FLOURISHING. ALL RIGHT. THERE ARE A NUMBER OF
9 PEOPLE WHO WANTED TO SPEAK. SUPERVISOR MOLINA, I HAVE NOT
10 CALLED ON YOU.

11

12 **SUP. MOLINA:** THAT'S ALL RIGHT.

13

14 **SUP. BURKE, CHAIR:** BUT YOU SPOKE FIRST.

15

16 **SUP. MOLINA:** I ASKED A QUESTION BECAUSE I WAS-- IT WAS UNCLEAR
17 TO ME, AND IT CONTINUES TO BE, EVEN AS THIS GETS EXPLAINED, IT
18 BECOMES MORE AND-- I'M NOT SURE WHAT WE'RE DOING. I UNDERSTAND
19 WHAT SUPERVISOR ANTONOVICH IS, BECAUSE THAT WAS A GOAL WAY
20 BACK IN-- WAY BACK IN 1990 WHATEVER, BUT I DON'T UNDERSTAND
21 WHAT THE GOAL IS HERE, AND I GUESS, IT'S VERY CONFUSING. MY
22 STAFF CAME IN A COUPLE OF WEEKS AGO AND TOLD ME THAT THEY HAD
23 BEEN BRIEFED ON THIS CLOSURE PLAN, AND I COULDN'T BELIEVE THAT
24 THAT'S WHAT THEY GOT BRIEFED ON. IN FACT, EVEN NOW WHEN THE
25 C.E.O. MENTIONED THAT THIS WOULD NOT START UNTIL 2009, I



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1 TURNED AROUND AND SAID, "HAVE YOU GOT WAX IN YOUR EARS, OR
2 WHAT HAPPENED?" I DON'T KNOW WHERE Y'ALL ARE GOING. YOU CREATE
3 A BRIEFING THAT CLEARLY SAYS THAT YOU'RE CLOSING. YOU TELL US
4 THAT. NOW IT'S SORT OF DIFFERENT, YOU'RE THINKING ABOUT IT,
5 YOU'RE GOING TO LOOK AT IT, BUT I'M VERY CONCERNED BECAUSE THE
6 NEXT STEP IS WHERE YOU'RE GOING AND IT LOOKS LIKE YOU'RE NOT
7 COMING TO US FOR THIS APPROVAL, AND I WANT TO UNDERSTAND THAT.
8 ACCORDING TO YOU, "IT SAYS THE DEPARTMENT HAS ALREADY BEGUN
9 THE NECESSARY PLANNING STEPS TO IMPLEMENT PHASE ONE,
10 HEALTHCARE DELIVERY SYSTEM CONFIGURATION CONSISTING OF
11 PRIVATIZING PRIMARY CARE HEALTH AND EXPANDING PRIMARY VISITS
12 P.P." SO YOU'RE GOING TO DO THIS WITHOUT OUR APPROVAL. IS THAT
13 WHAT YOU'RE SAYING?

14

15 **DR. BRUCE CHERNOF:** NO, SUPERVISOR.

16

17 **SUP. MOLINA:** WHAT DOES THAT SAY? I READ IT. THAT'S WHAT IT
18 SAYS TO ME. I WANT TO UNDERSTAND WHAT IT SAYS.

19

20 **DR. BRUCE CHERNOF:** SUPERVISOR, WE'VE DONE THE INTERNAL WORK SO
21 THAT WE COULD DESCRIBE TO YOUR BOARD HOW, SHOULD YOUR BOARD
22 CHOOSE TO GO FORWARD, WE WOULD IMPLEMENT THIS. THE INSTRUCTION
23 FROM MY DEPARTMENT WAS TO BE PREPARED TO TAKE WHATEVER ACTIONS
24 WERE NECESSARY IN JULY OF THIS YEAR.

25



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1 **SUP. MOLINA:** WHEN YOU SAY NEXT STEPS--

2

3 **DR. BRUCE CHERNOF:** IN CONCERT WITH THE C.E.O.'S STAFF, WE WERE
4 ASKED TO RECONSIDER THAT TIMEFRAME.

5

6 **SUP. MOLINA:** SO THE NEXT STEPS ARE NOT THE NEXT STEPS. I MEAN,
7 I'M JUST READING WHAT YOU SENT ME.

8

9 **SUP. KNABE:** THAT DOESN'T APPLY ANY MORE TO THAT.

10

11 **SUP. MOLINA:** WELL, I DON'T KNOW. THE NEXT STEPS SAYS-- IT SAYS
12 THEY'RE TAKING STEPS TO START THE IMPLEMENTATION OF PHASE ONE.
13 I'M CONFUSED, BECAUSE A COUPLE OF WEEKS AGO, THEY GOT ONE SET
14 OF BRIEFINGS WITH A TIMEFRAME, AND THEN TODAY WE'RE NOW
15 CREATING SOME FUZZINESS. THE PUBLIC CERTAINLY HEARD THAT.
16 THAT'S WHY THEY'RE ALL HERE. WE'RE TRYING TO UNDERSTAND. I
17 MEAN, I HAVE TRIED NOT TO COMMENT BECAUSE I COULDN'T BELIEVE
18 THAT WE WOULD MOVE FORWARD WITH SUCH A FOOLISH PLAN, BUT I'M
19 NOT SURE I UNDERSTAND NOW WHERE WE'RE GOING, BECAUSE I'M
20 LOOKING AT THE NEXT STEPS THAT ARE WRITTEN. IT'S THE ONLY
21 DOCUMENT I HAVE, AND IT SAYS THAT YOU'RE GOING TO IMPLEMENT
22 IT. IT DOESN'T SAY YOU'RE COMING TO US FOR APPROVAL, AND SO--
23 [CHEERS]

24



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1 **C.E.O. FUJIOKA:** ANYTHING OF THIS MAGNITUDE WOULD REQUIRE THAT
2 WE BRING THIS TO YOUR BOARD FOR APPROVAL.

3

4 **SUP. MOLINA:** WHERE WILL YOU BRING IT TO US?

5

6 **C.E.O. FUJIOKA:** WHEN WE TALK ABOUT THE NEXT STEPS, OUR
7 OBLIGATION WAS TO BRING TO YOU A BUDGET CURTAILMENT PLAN THAT
8 ADDRESSED THE DEPARTMENT'S DEFICIT AND IMPLEMENT BY JULY 1ST.
9 THAT WAS A VERY EXPLICIT INSTRUCTION THAT ALL OF US RECEIVED.
10 GIVEN WHAT WE HAVE BEFORE US, THE MAGNITUDE, THE IMPACT, WE'RE
11 SUGGESTING THAT WE EXPAND THAT TIMELINE. NOW, ON THE BRIEFING,
12 AND I KNOW-- I KNOW WHAT THE FIRST DOCUMENT SAID, I KNOW
13 THERE'S ONE BOX THAT SAID "CLOSED," IMMEDIATELY UNDERNEATH
14 THAT BOX, IT SAID, "EXPAND SERVICES AT THE P.P.P." I WASN'T AT
15 THE BRIEFING. IT'S MORE THAN APPARENT THAT WE ERRED IN USING
16 THE WORD "CLOSED." THAT'S A GROSS UNDERSTATEMENT. WE CHANGED
17 IT TO PRIVATIZE. THE INTENT HAS ALWAYS BEEN, AND I KNOW I'VE
18 STATED THIS ON SEVERAL OCCASIONS, THAT WE WOULD CHANGE THE
19 DELIVERY MODEL, THAT WE WOULD NOT IN FACT ELIMINATE THE
20 SERVICE; THAT WE WOULD INSTEAD EXPAND ACCESSIBILITY TO
21 AMBULATORY CARE SERVICES. IT'S MORE THAN APPARENT THAT OUR
22 PRESENTATION TO YOUR STAFF WAS UNCLEAR. I NEED TO ADMIT THAT,
23 BECAUSE THERE WAS SOME CONCERNS WITH THAT, BUT THERE WAS, IN
24 THAT PRESENTATION, BECAUSE THE DOCUMENTS SPEAK FOR THEMSELVES,
25 WHERE IT SAYS, "EXPAND P.P.P. SERVICES." IF WE WERE JUST



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1 CLOSING, AND WALKING AWAY FROM THAT LEVEL OF CARE, AMBULATORY
2 CARE SERVICES, THAT DOCUMENT WOULD NOT HAVE SPOKE TO EXPANDING
3 P.P.P. SERVICES AT THIS POINT IN TIME, BECAUSE WE SEE THE
4 KNABE MOTION. SUPERVISOR KNABE MOTIONS, I APOLOGIZE, THAT WE
5 KNOW WE NEED TO LOOK AT ALTERNATIVES. THE INTENT WAS-- AND
6 THAT'S WHY WE CHARACTERIZED IT AS A DRAFT, THAT WE WOULD SIT
7 DOWN WITH YOUR STAFF AS BOTH THE BUDGET DEPUTIES AND THE
8 HEALTH DEPUTIES, START PUTTING THIS PROPOSAL TOGETHER. WHAT'S
9 CRITICAL IS THAT I KNOW EVERYONE HAS CONCERNS, BUT THAT WE
10 TAKE THE NEXT STEPS, I BELIEVE, TO LARGE EXTENT, THEY'RE
11 ARTICULATED IN SUPERVISOR KNABE'S MOTION, THAT WE GET OUR
12 RESPECTIVE STAFF, PUT THEM IN A ROOM AND START WORKING OUT THE
13 DETAILS FOR THIS PLAN. CONCURRENTLY, IT'S MY INTENT TO SIT
14 DOWN WITH LABOR AND DISCUSS THEIR PROPOSALS, BECAUSE I'VE HAD
15 A DISCUSSION WITH LABOR ALREADY, AND THEY'VE COME UP WITH SOME
16 SOLID PROPOSALS. AND THEN ONCE WE HAVE A FINAL PLAN IN PLACE,
17 WE'D BRING IT BACK TO THE BOARD FOR APPROVAL BEFORE WE
18 IMPLEMENT. IF IT SAYS "IMPLEMENT," I APOLOGIZE FOR THAT,
19 THAT'S MY FAULT. WE KNOW THAT ANYTHING OF THIS MAGNITUDE MUST
20 FIRST BE APPROVED BY THE BOARD AND WE'LL COME BACK TO THE
21 BOARD FOR THAT APPROVAL.

22

23 **SUP. MOLINA:** AGAIN, I REALLY THINK IT'S VERY IMPORTANT THAT WE
24 CLEARLY UNDERSTAND WHERE WE'RE GOING, AND THAT'S WHAT I'M NOT
25 SURE.



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1

2 **C.E.O. FUJIOKA:** I AGREE.

3

4 **SUP. MOLINA:** IF WE'RE TRYING TO RECONFIGURE OUR HEALTH
5 DELIVERY SYSTEM, I COULD APPRECIATE A PLAN TO LOOK AT THAT,
6 LOOK AT VARIOUS POLICY CHANGES THAT WE WOULD UNDERTAKE AND
7 RESPONSIBILITIES. BUT I'M NOT SURE WHAT THE GOAL IS. IF IT'S
8 SAVINGS, THEN LOOK AT THE DOLLARS. WHAT WOULD WE SAVE, AND
9 WHAT WOULD BE GAINING, AND WHERE WOULD WE BE LOSING? I'M NOT
10 SURE THAT THIS IS WELL DEFINED, AND THAT'S WHY I'M
11 UNDERSTANDING WHAT THE GOAL IS. SUPERVISOR ANTONOVICH
12 UNDERSTANDS IT TO BE A DIFFERENT-- THIS IS NOT AN EXPANSION OF
13 SERVICE. THAT'S NUMBER ONE. I WISH IT WERE. IT IS A
14 PRIVATIZING, YES, AND-- BUT HOW ARE WE GETTING THERE AND WHAT
15 IS IT THAT WE'RE DOING? ANY OF US, AND MOST OF US HAVE BEEN
16 INVOLVED, IN BRINGING BACK TO LIFE SOME OF THE HEALTH FACILITY
17 CENTERS THAT WERE CLOSED, WHETHER THEY WERE IN AZUSA OR BELL
18 GARDENS, AND IT WAS TOUGH SLEDDING. IT WAS TOUGH TO DO,
19 BRINGING BACK UP TO ALL THE CODE VIOLATIONS THAT WERE IN THERE
20 BEFORE, IT TOOK YEARS. BRINGING UP AND TRYING TO GET THE
21 FINANCING FOR THEM, TRYING TO GET THE CONTRACT THROUGH THE
22 DEPARTMENT, TRYING TO CONTINUE THOSE CONTRACTS, ANYONE WHO
23 RUNS A P.P.P. OUT THERE KNOWS HOW DIFFICULT IT IS. YOU CAN'T
24 DO IT IN A YEAR. IF YOU COULD DO IT IN A YEAR, THAT WOULD BE
25 GREAT, BUT YOU CAN'T. IT TOOK US OVER FOUR YEARS TO DO AZUSA,



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1 AND OVER, WHAT, FOUR AND A HALF YEARS TO DO BELL GARDENS, AND
2 THEY'RE WONDERFUL, BUT IT TAKES A LONG, LONG TIME. NOW, I
3 DON'T KNOW WHAT THE MAGIC IS HERE, AND I'M NOT SURE WHAT THE
4 GOAL IS. BILL, I THINK ONE OF THE BIGGEST CRISES WE HAVE IN
5 HEALTHCARE IS WE HAVE TO UNDERSTAND WHERE WE'RE GOING. THIS IS
6 WHY WE CREATED A BUDGET-- I MEAN A COMMITTEE OF THE WHOLE, SO
7 WE WOULD GET THESE BUDGET, AND WE'RE NOT GETTING THESE BUDGET
8 INPUTS. THIS THING AND THIS TIMELINE, I DON'T KNOW WHAT IT IS,
9 A SCARE TACTIC OR WHAT WE'RE SUPPOSED TO DO IS RUN OUT THERE
10 AND COME UP WITH SOME MIDDLE GROUND ON THIS. IT'S NOT GOOD
11 PLANNING, DOESN'T MAKE GOOD SENSE. ANYONE WHO IS INVOLVED IN
12 THIS, IN THE DELIVERY OF HEALTHCARE AND SOME OF THOSE
13 COMMUNITIES, WE WOULD WELCOME PRIVATES. I MEAN, PATIENTS
14 REALLY DON'T CARE IF THEY GO TO THE COUNTY OR TO A PRIVATE
15 DOC, AND REALLY, I DON'T CARE EITHER. BUT AT THE END OF THE
16 DAY, WE ARE THERE FILLING THE VOID WHERE MANY OF THESE
17 PRIVATES ARE NOT THERE, NOT CREATING A MECHANISM BY WHICH THEY
18 CAN GET REIMBURSEMENT, AND SO WE ARE THERE. SO I REALLY THINK
19 WE NEED TO BE CAREFUL AS TO WHAT WE UNDERSTAND THE NEXT STEPS
20 TO BE AND THAT COMMUNICATION HAS TO BE CLEAR BECAUSE
21 CERTAINLY, WHAT WE WERE TOLD AND WHAT WE ARE DOING NOW IS EVEN
22 MORE CONFUSING. I DON'T KNOW WHAT THE PUBLIC OUT THERE GETS
23 FROM THIS DISCUSSION, BUT IT CERTAINLY LEAVES ME VERY
24 CONFUSED, AND I THINK THAT THE DEPARTMENT HAS A DUTY, AS WELL
25 AS YOUR OFFICE, TO CREATE A CLARIFICATION OF WHERE WE'RE



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1 GOING. SUPERVISOR KNABE'S MOTION SAYS INSTEAD OF CLOSING THOSE
2 VITAL SERVICES, LOOK AT OTHER THINGS. THAT'S A GOOD THING FOR
3 THE BUDGET DEFICIT. WE SHOULD HAVE SAID THAT TO THEM IN
4 SEPTEMBER WHEN THEY HAD A BUDGET DEFICIT. THEY'VE HAD THIS
5 BUDGET DEFICIT FOR OVER 14 YEARS. SO WE NEED CLARIFICATION OF
6 WHERE WE'RE GOING AND WHAT THE GOALS ARE.

7

8 **SUP. YAROSLAVSKY:** MADAM CHAIR, IF I CAN JUST--

9

10 **SUP. KNABE:** I MEAN, THE DRAFT REPORT CLEARLY SAYS CLOSURE, IT
11 CLEARLY SAYS REVENUE SOURCES RAISE TAXES FOR MEASURE B BY
12 ARCOLA, BUT AGAIN, WHATEVER COMES BACK, THERE'S NO LINE ITEM
13 IN THIS PARTICULAR REPORT AS IT RELATES TO THE \$80 MILLION IN
14 SAVINGS THAT THE DEPARTMENT HAS SEEN IS GOING TO BE ABLE TO
15 ASCERTAIN, AND WE NEED TO BE ABLE TO LOOK AT THAT AS WELL AS
16 YOU DO CLINIC BY CLINIC, YOU KNOW. WE NEED TO LOOK AT THAT
17 OTHER 80 MILLION INSTEAD OF JUST ONE BIG LUMP OF MONEY AS
18 WELL, TOO.

19

20 **SUP. YAROSLAVSKY:** AND IF I COULD JUST ADD TO THE LAST THING
21 THAT SUPERVISOR MOLINA SAID, I THINK WE PASSED A MOTION, I
22 THINK THE CONVERSATION AROUND HERE LAST TIME THIS SUBJECT CAME
23 UP ON THE AMBULATORY CARE ISSUE, WHICH WAS SHORTLY AFTER YOU
24 STARTED, I THINK IT WAS MAYBE ONE OF YOUR FIRST MEETING OR
25 TWO, I THINK THE MESSAGE HAS BEEN VERY CLEAR THAT THE CLINICS



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1 ARE IMPORTANT TO THIS BOARD AND THE WHOLE AMBULATORY CARE, AND
2 IT SHOULD HAVE BEEN CLEAR, WE HAVE A HUGE INVESTMENT, ALL
3 THAT, WE ALREADY TALKED ABOUT, SO I HOPE THAT'S CLEAR NOW.
4 IT'S NOT ROCKET SCIENCE TO TRY TO-- I MEAN, SOMETIMES IT'S
5 HARD TO FIGURE OUT WHAT THIS BOARD THINKS, BUT ON THIS ISSUE,
6 IT ISN'T ROCKET SCIENCE, IT'S-- I MEAN, WE WEAR IT ON OUR
7 SLEEVES. THIS HAS BEEN SOMETHING THAT WE HAVE FOUGHT HARD TO
8 DO AND I HOPE THAT MESSAGE HAS GOTTEN ACROSS. ONE OTHER THING
9 I WANTED TO SAY, BECAUSE DON SAID-- MENTIONED THE PROP "B"
10 MONEY, AND I KNOW THAT YOU'RE I'M GOING THE PROP "B" MONEY,
11 AND I THINK IT PAYS TO SAY RIGHT HERE AND NOW THAT WE PASSED
12 PROP "B," WE-- THE PEOPLE PASSED PROP "B" BACK IN 2002,
13 NOVEMBER 2002-- IS THAT RIGHT? OR WAS IT 4? 2? 2002. SO IT'S
14 BEEN ON THE BOOKS NOW FIVE YEARS? AND EVEN THOUGH WE HAVE
15 AUTHORITY TO RAISE THE FEE, THE PARCEL TAX, BY A MAJORITY OF
16 THE VOTE OF THIS BOARD, WE HAVE NEVER EXERCISED THAT AUTHORITY
17 IN THE FIVE YEARS THAT WE'VE HAD THAT TAX BECAUSE WE SAID TO
18 THE PEOPLE OF LOS ANGELES COUNTY THAT WE WOULD NOT RAISE THAT
19 TAX UNLESS IT WAS ABSOLUTELY-- I MEAN, I SAID IT-- IT WASN'T
20 IN THE MEASURE, BUT I THINK IT WAS IMPLICIT THAT WE WOULD
21 NEVER COME BACK AND RAISE IT UNLESS IT WAS ABSOLUTELY
22 NECESSARY. NOW, PUT YOURSELF IN THE POSITION OF SOMEBODY LIKE
23 MYSELF. NOT THAT I'M AN ELECTED OFFICIAL, BUT I HAVE THIS
24 COMPACT AND I FEEL THAT I HAVE WITH THE PEOPLE OF MY-- WHO
25 ELECTED ME, AND I MADE CERTAIN REPRESENTATIONS, HOW CAN I VOTE



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1 TO INCREASE THE MEASURE "B" FUNDING, AS MODEST AS IT MAY BE,
2 AS MAY APPEAR TO YOU, AT THE SAME TIME WHEN WE MAY BE CLOSING
3 CLINICS? HOW DO I EXPLAIN THAT TO THE AVERAGE-- THE AVERAGE
4 GUY, THE AVERAGE MAN OR WOMAN, TAXPAYER IN MY DISTRICT, THAT
5 WE RAISED TAXES AND CLOSED CLINICS, AND IF YOU GET TO THE
6 WORST-CASE SCENARIO OF YOUR SECOND ALTERNATIVE PLAN, WE'D BE
7 RAISING TAXES TO SHUT DOWN EVERY COMMUNITY CLINIC THAT WE OWN
8 AND EVERY COMPREHENSIVE HEALTHCARE CLINIC THAT WE OWN. I'D
9 RATHER NOT RAISE THE TAXES. IF WE'RE GOING TO BE IN A
10 MELTDOWN, I'D RATHER BE IN A MELTDOWN WITHOUT RAISING PEOPLE
11 TAXES THAN WITH RAISING PEOPLE'S TAXES. THEY'RE GOING TO PAY
12 ENOUGH WITHOUT HAVING THEIR TAXES RAISED, THANKS TO THE
13 MELTDOWN. SO I THINK ALL OF THESE-- IT'S NOT YOUR JOB TO WEIGH
14 THESE-- THIS DIMENSION OF THE ISSUE, BUT WE HAVE TO WEIGH
15 THAT, AND I KNOW THAT EVERY MEMBER OF THE BOARD HAS TO COME TO
16 THEIR OWN DECISION ON WHETHER THEY'RE GOING TO RAISE IT, AND
17 IF SO, HOW MUCH. BUT THE ONE QUESTION THIS BOARD MEMBER IS
18 GOING TO ASK, IF I DO VOTE TO RAISE PART OR ALL OF WHAT WE'RE
19 ENTITLED TO RAISE, WHAT ARE WE GETTING IN RETURN FOR IT? AND
20 IF WHAT WE'RE GETTING IN RETURN FOR IT IS CLINIC CLOSURES, I'M
21 OFF THE RESERVATION, I'LL TELL YOU RIGHT NOW. SO ALL OF THESE
22 THINGS HAVE TO BE FACTORED IN. THIS IS A MULTI-DIMENSIONAL
23 CHESS GAME AND I JUST-- WORD TO THE WISE ON THAT. THANK YOU.
24



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1 **SUP. BURKE, CHAIR:** OKAY. WE HAVE A NUMBER OF PEOPLE. KATHY
2 OCHOA, WHO WANTED TO LEAVE EARLY. SORRY. DORLAH LAWRENCE.

3

4 **SUP. YAROSLAVSKY:** I KNOW KATHY OCHOA. IT'S STILL EARLY FOR
5 HER.

6

7 **SUP. BURKE, CHAIR:** ABBE LAND.

8

9 **KATHY OCHOA:** GOOD AFTERNOON, SUPERVISORS. I'M HERE BEHALF
10 ANNELLE GREJEDA [PH?] THE PRESIDENT OF LOCAL 721, WHO HAD
11 INTENDED TO BE HERE TODAY.. I'M GOING TO GIVE SOME COMMENTS
12 THAT I THINK ARE GOING TO AUGMENT THE DISCUSSION THAT YOU'VE
13 HAD TO DATE AND PUT SOME NEW ISSUES ON THE TABLE FOR YOUR
14 CONSIDERATION, SO IF I HAPPEN TO GO OVER TIME, I HOPE THAT YOU
15 WOULD INDULGE ME.

16

17 **SUP. BURKE, CHAIR:** SHOULD HECTOR FLORES BE WITH YOU AS PART OF
18 YOUR PRESENTATION?

19

20 **KATHY OCHOA:** NO. LOCAL 721, THEN LOCAL 660 ,WAS ON THE TARMAC
21 WITH YOU IN 1995 AND WILL BE THERE IN 2009 WHEN WE SECURE A
22 FEDERAL SOLUTION WITH THE NEW ADMINISTRATION. WE REPRESENT
23 WORKERS IN BOTH COUNTY CLINICS AND IN THE P.P.P.S. I'M WELL
24 AWARE OF THE CHALLENGES ON BOTH SIDES, AND WE ARE PROUD OF THE
25 WORK THAT OUR MEMBERSHIP DOES AND WE BELIEVE THEY NEED TO BE



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1 PART OF THE SOLUTION HERE. BUT I'M HERE BECAUSE OUR OVERRIDING
2 CONCERN MUST BE THAT THERE BE A HIGH QUALITY ACCESSIBLE AND
3 STABLE HEALTHCARE DELIVERY SYSTEM WITHIN L.A. COUNTY AND THAT
4 ANY POLICY AND/OR BUDGET REFORMS BE ORIENTED TO ACHIEVE THIS
5 GOAL. I AGREE WITH YOU, SUPERVISOR MOLINA, IT'S VERY UNCLEAR
6 IN TERMS OF, ARE WE DEFINING POLICY BY BUDGET OR IS BUDGET
7 DRIVING POLICY? I THINK WE NEED A REVISIONING AND NOT SIMPLY A
8 RE- MISSIONING. WE'RE WELL AWARE THAT UNDER ANY SCENARIO, THAT
9 THERE'S GOING TO BE SIGNIFICANT LIMITATIONS IN THE RESOURCES
10 AVAILABLE TO US. IN THAT VEIN, WE STAND READY TO WORK CAN YOU
11 TO WORK ON THE COUNTY IN HEALTHCARE REFORM, THE STATE, THE
12 PRESIDENTIAL CANDIDATES, CLINICS AND HOSPITAL PARTNERS AND
13 OTHER INTERESTED PARTIES TO STABILIZE OUR SYSTEM. WE REMAIN
14 MINDFUL OF OUR SHARED OBLIGATION, AND THERE SHOULD HAVE BEEN A
15 DISCUSSION ON THIS TODAY, ABOUT WHERE WE CAN SECURE REVENUE TO
16 STABILIZE OUR SYSTEM. ONE, WE NEED TO SECURE FULL COST
17 REIMBURSEMENT. TWO, WE NEED TO SECURE A MORATORIUM ON THE
18 G.M.E. RULE. THREE, WE NEED TO STRENGTHEN OUR EFFORTS ON THE
19 TAR AUTHORIZATIONS. FOUR, WE NEED TO PROTECT CHILDREN'S
20 MEDICAL SERVICES. FIVE, WE NEED TO PRESERVE THE SAFETY NET
21 CARE POOL FUNDING AND, SIX, WE NEED TO PRESERVE THE SOUTH L.A.
22 PRESERVATION FUND. SO, CLEARLY, OUR CLINICS ARE ON THE FRONT
23 LINE OF DEFENSE HERE. I WANT TO POINT OUT TO YOU THAT WITHOUT
24 A FULLY FUNCTIONING AMBULATORY CARE SYSTEM, IT'S ALMOST
25 IMPOSSIBLE TO CONCEIVE OF A WORKABLE AND RATIONAL HEALTHCARE



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1 DELIVERY SYSTEM. D.H.S. AND THIS WARD HAVE ACKNOWLEDGED THAT
2 MANAGING PATIENTS IN COMMUNITY SETTINGS AND HAVE DEMONSTRATED
3 COMMITMENT TO THAT PRINCIPLE THROUGH THE SUCCESSFUL PURSUIT OF
4 THE COVERAGE INITIATIVE, WHICH WE NOW CALL "HEALTHY WAY L.A.,"
5 WORTH TO THIS COUNTY UP TO \$60 MILLION ANNUALLY. OUR WORK ON
6 "HEALTHY WAY L.A." SERVED AS A PROTOTYPE DELIVERY MODEL FOR
7 THE LOCAL COVERAGE OPTION THAT WE ALL WORKED TOWARD UNDER
8 HEALTHCARE REFORM. IT WAS THE KEY ELEMENT OF OUR PROGRAM. IN
9 FACT, JUST TWO WEEKS AGO, OR THREE, MAYBE, THIS BOARD APPROVED
10 A D.H.S. PROPOSAL TO IMPLEMENT "HEALTHY WAY L.A.," THE
11 COVERAGE INITIATIVE. THAT APPROVAL WAS PREDICATED ON THE FULL
12 PARTICIPATION OF 17 COUNTY OWNED AND OPERATED PUBLIC SAFETY
13 NET FACILITIES. HERE'S THE LIST. THIS WAS A PROPOSAL AS
14 CONCEIVED AND PRESENTED TO THE STATE. THIS THE PROPOSAL,
15 "HEALTHY WAY L.A.," THE COVERAGE INITIATIVE THAT THE UNION AND
16 EVERY SINGLE ADVOCATE IN THIS ROOM LOBBIED FOR. THIS IS THE
17 PROPOSAL THAT WE RECEIVED FUNDING FOR AND THIS IS THE PROPOSAL
18 THAT YOU VOTED TO IMPLEMENT JUST TWO WEEKS AGO. HOWEVER,
19 EMBEDDED IN THE BUDGET DOCUMENTS BEFORE YOU ARE AN ENTIRELY
20 DIFFERENT SET OF ASSUMPTIONS. SPECIFICALLY, ITEM 27, BUT NOTE
21 "H" IN ATTACHMENT "A." NAMELY THAT THE COVERAGE INITIATIVE
22 SHOULD BE MODIFIED TO REFLECT THE NEW SERVICE DELIVERY MODEL
23 OF PRIVATIZED CLINIC, A STARK AND STEALTHY POLICY
24 CONTRADICTION TO PREVIOUS BOARD OF SUPERVISORS ACTION. SO WHAT
25 ABOUT THE FIDUCIARY OBLIGATION TO THE COVERAGE INITIATIVE, TO



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1 THE STATE, TO THE FEDERAL GOVERNMENT, AND MOST IMPORTANTLY TO
2 THE PUBLIC? S.E.I.U. IS VERY CONCERNED THAT BY CUTTING
3 SPENDING ON COUNTY CLINICS THE COUNTY IS PUTTING AT RISK THE
4 COVERAGE INITIATIVE DOLLARS FOR TWO REASONS. FIRST, SB-1448 IS
5 VERY CLEAR THAT, QUOTE, "FEDERAL FUNDS ALLOCATED TO SELECTED
6 APPLICANTS MUST SUPPLEMENT AND NOT SUPPLANT ANY COUNTY FUNDS
7 THAT WOULD OTHERWISE BE SPENT ON HEALTHCARE SERVICES." SECOND,
8 WITH THE KEY ROLE THAT THE CLINICS HAVE PLAYED IN THE COVERAGE
9 INITIATIVE, IT SEEMS POSSIBLE THAT THE COUNTY COULD ALSO LOSE
10 THE COVERAGE INITIATIVE FUNDING FOR FAILURE TO COMPLY WITH THE
11 PLAN AS APPROVED BY THE STATE. THE COUNTY BUDGET LETTER IS
12 CLEAR THAT THE NEW COVERAGE INITIATIVE FUNDING IS AT LEAST IN
13 PART WHAT WOULD MAKE IT FEASIBLE FOR THEM TO MAKE THESE
14 PROPOSED CHANGES. PREVIOUS BOARD ACTIONS THAT YOU HAVE ADOPTED
15 HAVE PUT US ON THAT PATH TOWARD IMPLEMENTATION OF THE COVERAGE
16 INITIATIVE. YOU ALLOCATED D.H.S. STAFF, YOU'VE INVESTED IN
17 _____ TELEPHONE SYSTEM SO THAT WE CAN COME INTO FULL
18 COMPLIANCE HERE, AND THE ONLY WAY TO MAKE SURE THAT THE PLAN
19 AS PRESENTED BY D.H.S. DOES NOT JEOPARDIZE COVERAGE INITIATIVE
20 FUNDING IS FOR THE COUNTY TO OBTAIN A LETTER OF CLARIFICATION,
21 BOTH FROM THE STATE AND FROM THE FEDERAL GOVERNMENT THAT ANY
22 MODIFICATION TO THE COVERAGE INITIATIVE AS FUNDED IS APPROVED.
23 FINALLY, EVEN IF THE STATE WERE TO SAY THE PLAN IS OKAY, THE
24 FEDS ARE THE ONES IN CHARGE OF INITIATIVE DOLLARS, AND I THINK
25 WE'VE SEEN THAT THE BUSH ADMINISTRATION WILL TAKE ANY EXCUSE



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1 TO CUT MEDICAL FUNDING. SHORT OF GETTING A LETTER FROM C.M.S.
2 APPROVING THIS MANEUVER THAT THE D.H.S. HAS COME UP WITH, THIS
3 BOARD AND EVERY TAXPAYER RUNS THE RISK OF THE FEDERAL
4 GOVERNMENT SHOWING UP ONE DAY IN THE FUTURE ASKING FOR
5 REPAYMENT OF THE COVERAGE INITIATIVE MONEY, AND IT WOULDN'T BE
6 THE FIRST TIME THEY'VE SHOWED UP ON OUR DOOR. SO WHILE WE MAY
7 CONCEDE THAT D.H.S. HAS FOCUSED ATTENTION ON ITS FISCAL
8 CRISIS, LET'S STOP TALKING ABOUT PRIVATIZATION, NOT TO MENTION
9 THE PROP "A" REQUIREMENTS ASSOCIATED WITH IT, CLOSURES,
10 DISINVESTMENT IN "HEALTHY WAY L.A.," AND INSTEAD LET'S HAVE A
11 DIALOG ABOUT WHAT OUR NEEDS ARE IN THE CONTEXT NATIONAL HEALTH
12 REFORM AND DEVELOP A STRATEGY TO WIN. LET'S UNITE AND PRESSURE
13 THE STATE TO HOLD ALL COUNTY SYSTEMS HARMLESS IN THE STATE
14 BUDGET REDUCTIONS, GIVEN THEIR FAILURE TO ENACT HEALTHCARE
15 REFORM. WE LOOK FORWARD TO PERFORMING REVENUE STRATEGIES OVER
16 THE SHORT-TERM. AS TO FINDING THE MONEY TO PLUG THE HOLE
17 IMMEDIATELY AND DRAW DOWN SAVINGS THIS YEAR, THAT COULD TIDE
18 US INTO-- ROLL OVER INTO '08/'09. THE C.E.O. SHOULD ANALYZE
19 THE MASTER INVENTORY OF D.H.S. CONTRACTS AND FREEZE VENDOR
20 CONTRACTS. CURRENTLY ESTIMATED AT A BILLION DOLLARS, A 2 OR 3
21 PERCENT SAVINGS FROM FOR PROFIT CONTRACTS COULD YIELD ENOUGH
22 REVENUE NOT ONLY TO PRESERVE OUR CLINICS BUT TO AUGMENT CARE
23 IN AREAS OF HIGHEST NEED. ALSO ON THE TABLE SHOULD BE A FULL
24 ACCOUNTING OF ALL RESERVES, DESIGNATED FUNDS, SET ASIDE RAINY
25 DAY, PIN CUSHION FUND, ALL OF THAT OTHER KIND OF STUFF, LET'S



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1 PUT ALL THAT REVENUE ON THE TABLE AND SEE WHERE WE REALLY ARE.
2 THAT INCLUDES TOBACCO SETTLEMENT AND TOBACCO TAX MONEY AND THE
3 INTEREST ASSOCIATED WITH THAT. WE URGE THAT THE BOARD REJECT
4 THE POLICY DIRECTION INHERENT IN THIS BUDGET LETTER, AND
5 INSTEAD DEMAND OF THE C.E.O. A FULL ACCOUNTING OF
6 IMPLEMENTATION OF "HEALTHY WAY L.A." WITH THE APPROPRIATE
7 ACCOUNTABILITIES IF FINDINGS ARE ADVERSE, AND A PLAN OF
8 CORRECTION AS NEEDED FOR FULL IMPLEMENTATION OF THE COVERAGE
9 INITIATIVE IN BOTH PUBLIC AND PRIVATE SETTINGS, NOT TO MENTION
10 TO HIRE AN AMBULATORY CARE DIRECTOR TO MAKE SURE THAT THAT
11 HAPPENS. S.E.I.U. WILL OPPOSE ANY MODIFICATIONS TO ELIMINATE
12 OUR PUBLIC SAFETY NET FACILITIES FROM PARTICIPATING IN THE
13 COVERAGE INITIATIVE. FINALLY, THE C.E.O. AND D.H.S. HAVE ASKED
14 FOR OUR SUGGESTIONS ON A RANGE OF ISSUES RELATED TO AMBULATORY
15 CARE AND WE WELCOME THE OPPORTUNITY TO DO SO. SOME OF THESE
16 INCLUDE FUTURE INVESTMENTS IN TWO COMP CENTERS, IN THE
17 SOUTHEAST AND IN THE EAST SAN GABRIEL VALLEY, GREEN COMP
18 CENTERS WITH BRICK AND MORTAR DOLLARS FROM THE STATE
19 INFRASTRUCTURE DEVELOPMENT BANK, NOT FROM HEALTHCARE DOLLARS.
20 AND INsofar AS UPGRADES AT DOLLAR HIDE, SUPERVISOR, I'VE BEEN
21 TO DOLLAR HIDE AND I'VE BEEN TO THE 9TH FLOOR OF 313, I'M SURE
22 THEY HAVE SOME SPARE PAINT AND CARPET TILES TO REDO THAT PLACE
23 BY THE END OF THE WEEK. BY FOCUSING ON SOME OF THE VERY
24 SPECIFIC ISSUES BEFORE US, WE THINK IT'S IMPORTANT THAT
25 CRITICALLY IMPORTANT DECISIONS IN THIS AREA MUST BE MADE IN



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1 THE CONTEXT OF A SHARED VISION OF RESOURCE AVAILABILITY, , OF
2 ADMINISTRATIVE FLEXIBILITY AND OF OUR COMMON DESIRED
3 HEALTHCARE DELIVERY OUTCOMES. WE ASK YOU TO REJECT THE
4 PROPOSAL BEFORE YOU. IT IS PENNY WISE, POUND FOOLISH,
5 DOWNRIGHT BONE HEADED AND PLACES THE COUNTY AT RISK. THANK
6 YOU. [APPLAUSE]

7

8 **SUP. BURKE, CHAIR:** PLEASE STATE YOUR NAME.

9

10 **DORLAH LAWRENCE:** DORLAH LAWRENCE.

11

12 **SUP. BURKE, CHAIR:** GLORIA RODRIGUEZ, WOULD YOU PLEASE COME
13 FORWARD?

14

15 **DORLAH LAWRENCE:** D-O-R-L-A-H. I AM AN L.A. COUNTY REGISTERED
16 NURSE, WHERE I'VE WORKED EXCLUSIVELY IN AMBULATORY CARE FOR 14
17 YEARS. I HAVE PROUDLY TAKEN CARE OF DIVERSE GROUPS OF PATIENTS
18 AS ONE OF THE FIRST LINE CARETAKERS, ASSISTING THEM THROUGHOUT
19 THE CONTINUUM. THEY EXPLAINED THE DIFFERENCES IN THEIR CARE
20 WHEN USING A PRIVATE FACILITY VERSUS A PUBLIC FACILITY LIKE
21 HUBERT HUMPHREY COMPREHENSIVE HEALTH CENTER OR MID VALLEY
22 COMPREHENSIVE HEALTH CENTER. SOME OF THE COMMENTS I HEAR ARE,
23 "WE ARE TREATED BETTER, THE STAFF REALLY CARES. YOU HAVE
24 PROGRAMS THAT ASSIST WITH PAYMENT. YOU PROVIDE FREE SERVICES."
25 WE CANNOT EXPECT A GROUP OF PRIVATE SECTOR ENTITIES TO HANDLE



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1 AN ALREADY OUT OF CONTROL HEALTHCARE SYSTEM. D.H.S. CAN ADAPT
2 MODELS THAT HAVE BEEN PROVEN. FOR INSTANCE, WHEN I WORK AT
3 HUBERT HUMPHREY COMPREHENSIVE HEALTH CENTER, WE HAD A LEAD
4 CLINIC WHERE THEY DID THE SCREENING OF CHILDREN, PEDIATRIC
5 CHILDREN, AND WAS VERY COST EFFECTIVE. PRESENTLY AT MID VALLEY
6 COMPREHENSIVE HEALTH CENTER, WE HAVE A DIABETES GROUP PROGRAM
7 WHERE THEY SEE A PROVIDER AND A NUMBER OF ALLIED HEALTH
8 PROFESSIONALS TO HELP THEM ALONG WITH THEIR DISEASES. I KNOW
9 THE PUBLIC-PRIVATE ENTITIES CAN HANDLE A HUNGRY FAMILY AND
10 REFER THEM FOR FOOD OR REFER A BATTERED WOMAN TO A SHELTER,
11 BUT I DON'T THINK THEY CAN HANDLE WHAT WE HANDLE HOURLY AND
12 DAILY ON A 365 TIMES A YEAR BASIS. WE SEE THOUSANDS OF
13 PATIENTS WEEKLY, HUNDREDS OF THOUSANDS OF PATIENTS YEARLY. I
14 DON'T THINK THE PUBLIC-PRIVATE SECTOR PARTNERS CAN HANDLE THIS
15 TYPE OF-- THESE TYPES OF NUMBERS. IF WE DO NOT TAKE CARE OF
16 OUR PATIENTS IN A PRIMARY CARE SETTING, THEY WILL WAIT UNTIL
17 THEY'RE ACUTELY ILL OR TERMINALLY ILL TO GO TO AN EMERGENCY
18 ROOM, AND THAT CERTAINLY WILL INCREASE COSTS AND CAUSE MORE
19 LITIGATABLE OCCURRENCES AT OUR EMERGENCY ROOMS. WHAT I HAVE TO
20 SAY IS THAT THE PIECEWORK ATTITUDE TOWARDS OUR COMPREHENSIVE
21 HEALTH CENTERS HAVE FAILED. WHAT HAS HAPPENED IS, YOU MAY HAVE
22 AN URGENT CARE AT ONE FACILITY. FOR INSTANCE AT HUBERT
23 HUMPHREY, THERE'S AN URGENT CARE. AT MID VALLEY COMPREHENSIVE
24 HEALTH CENTER, THERE'S NO URGENT CARE. WE NEED URGENT CARES AT
25 ALL COMPREHENSIVE HEALTH CENTERS TO HANDLE THE NUMBERS OF



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1 PATIENTS THAT WE NEED TO HANDLE. WHAT I HAVE IN FRONT OF ME
2 ARE PETITIONS FROM OUR COWORKERS. THE TITLE OF THE PETITION
3 IS, "OUR PATIENTS ARE PRIMARY. WE, THE UNDERSIGNED EMPLOYEES
4 STRONGLY URGE THE BOARD OF SUPERVISORS TO PRESERVE PRIMARY
5 CARE. CLOSURE OF ANY CLINICS AND REDUCTION OF SERVICES THE
6 PATIENTS WOULD INUNDATE COUNTY E.R.S AND HOSPITALS THAT ARE
7 ALREADY SEVERELY OVERCROWDED. IT WOULD DENY PREVENTIVE CARE TO
8 L.A. COUNTY'S MOST VULNERABLE RESIDENTS AND WOULD ELIMINATE
9 THE COUNTY'S COMMITMENT TO PUBLIC PRIMARY AND PREVENTIVE CARE
10 THAT RESTRICTS AND RESTRICTS THE COUNTY'S OUT-PATIENT CARE TO
11 SPECIALTY CARE ONLY. THANK YOU."

12

13 **SUP. BURKE, CHAIR:** THANK YOU. [APPLAUSE]

14

15 **SUP. BURKE, CHAIR:** WE AREN'T GOING TO HAVE APPLAUSE. ABBE
16 LANE, AND THEN WE'D LIKE TO CALL UP HECTOR FLORES. AND ANNIE
17 PARK, WOULD YOU ALSO COME FORWARD? THAT'S ANOTHER SEAT THERE.

18

19 **ABBE LAND:** THANK YOU. MY NAME IS ABBE LAND, AND I'M CO-C.E.O.
20 OF THE LOS ANGELES FREE CLINIC. I WANT TO THANK THE
21 SUPERVISORS FOR THEIR ONGOING SUPPORT FOR THE ROLES OF CLINICS
22 IN THE PUBLIC-PRIVATE PARTNERSHIP. AND WE REALLY DO VIEW IT AS
23 A PUBLIC-PRIVATE PARTNERSHIP. IT TAKES ALL OF US WORKING
24 TOGETHER TO TRY TO MEET THE NEEDS OF THE FOLKS HERE IN L.A.
25 COUNTY. I HAVE TO SAY THAT MANY OF MY COMMENTS WERE ACTUALLY



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1 RAISED BY THE SUPERVISORS, YOURSELVES AS YOU WERE ASKING THE
2 DEPARTMENT QUESTIONS. WE WANT TO MAKE SURE THAT AS THE
3 DEPARTMENT IS EXPLORING OPTIONS, THAT NOTHING IS DONE TO
4 DESTABILIZE A SYSTEM THAT IS BARELY STABLE AND THAT IT'S
5 REALLY IMPORTANT, AND I ALSO WANTED TO JUST BRING KIND OF ON
6 THE GROUND AS A CLINIC THAT IS A CO-LOCATION AND SUPERVISOR
7 YAROSLAVSKY AND SUPERVISOR MOLINA BROUGHT IT UP. IT WAS A LONG
8 PROCESS TO KIND OF COME TO THE TABLE AND NEGOTIATE A CONTRACT
9 AND BE ABLE TO GO INTO THE HOLLYWOOD WILSHIRE HEALTH CENTER TO
10 PROVIDE SERVICES. THAT CENTER ACTUALLY HAD BEEN CLOSED FOR
11 PRIMARY CARE AND THE DISRUPTION IN THE COMMUNITY, WHEN YOU
12 CLOSE A CLINIC, YOU CAN'T UNDERESTIMATE IT AT ALL, AND SO I'M
13 GLAD THAT YOU ASKED SOME QUESTIONS ABOUT, IS THIS CLOSURE, OR
14 ARE YOU TRYING TO HAVE PEOPLE COME IN? BECAUSE IT'S REALLY
15 CRITICAL THAT THE COMMUNITY SERVICES ARE NOT DISRUPTED. AND
16 THE OTHER THING, PUBLIC-- OUR CLINICS IN THIS PARTNERSHIP WERE
17 GREAT AND WE LEVERAGE AS MUCH AS WE CAN, BUT WE WOULD BE HARD-
18 PRESSED, QUITE HONESTLY, BY JULY 1ST, 2008, TO BEGIN TO EVEN
19 ATTEMPT TO HELP SOLVE THIS CRISIS. I THINK, THOUGH, WE WOULD
20 ALL LOVE TO BE PART OF A CONVERSATION. THE TRUTH IS, IT'S
21 GOING TO TAKE ALL OF US WORKING TOGETHER AND WORKING WITH THE
22 BOARD AND WORKING WITH D.H.S. TO SEE HOW IT IS THAT WE CAN BE
23 PARTNERS WITH YOU, HOW WE CAN WORK WITH D.H.S., WITH THE
24 EXISTING CENTERS. THAT'S A CONVERSATION THAT HAS TO TAKE PLACE
25 AND HASN'T TAKEN PLACE YET, AND I THINK IF WE COULD ALL FIGURE



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1 OUT A WAY TO WORK TOGETHER, THERE MIGHT BE SOME INNOVATIVE
2 SOLUTIONS THAT HAVEN'T COME YET. THE ISSUES THAT WE WILL FACE
3 IS EXPANDING OUR INFRASTRUCTURE, FINDING PROVIDERS, AGAIN,
4 MAKING SURE THAT THE COMMUNITY UNDERSTANDS WHERE THEY GO FOR
5 SERVICES, AND I JUST CAN'T UNDERESTIMATE-- CAN'T EMPHASIZE
6 ENOUGH HOW MUCH YOU WANT TO MAKE SURE THAT YOU'RE NOT
7 DISRUPTING AND DISPLACING PEOPLE, BECAUSE IT REALLY DOESN'T
8 HELP HEALTH AND REALLY DOESN'T HELP CONTINUATION. SO I JUST
9 WANT TO SAY THANK YOU. THANK YOU FOR ASKING ALL THE GOOD
10 QUESTIONS AND WE LOOK FORWARD TO WORKING WITH YOU HOWEVER WE
11 CAN. ONE OTHER POINT. WE DO GET REIMBURSED FROM THE COUNTY AND
12 WE ARE CERTAINLY VERY GLAD ABOUT THAT. WE FOUGHT HARD AND
13 APPRECIATE OUR RECENT INCREASE, BUT IT ACTUALLY COSTS US MORE
14 AS SUPERVISOR BURKE BROUGHT UP. FOR THE \$94 THAT WE GET, WHICH
15 WE APPRECIATE OUR AVERAGE COSTS BETWEEN 120 AND 130, THAT WE
16 WERE ALL STRUGGLING TO FIND THOSE DOLLARS FOR AND I JUST AM
17 GLAD THAT YOU BROUGHT THAT UP BECAUSE THAT'S IMPORTANT. THANK
18 YOU VERY MUCH.

19

20 **SUP. BURKE, CHAIR:** WOULD YOU STATE YOUR NAME, AND DR.
21 CLAVREUL.

22

23 **GLORIA RODRIGUEZ:** GOOD AFTERNOON. MY NAME IS GLORIA RODRIGUEZ
24 AND I AM THE PRESIDENT AND C.E.O. OF THE COMMUNITY CLINIC
25 ASSOCIATION OF LOS ANGELES COUNTY. AS YOU KNOW, WE ARE THE



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1 MEMBERSHIP ORGANIZATION THAT REPRESENTS THE COMMUNITY AND FREE
2 CLINICS. OUR CLINICS PROVIDE TWO MILLION VISITS TO
3 APPROXIMATELY ONE MILLION LOW INCOME PERSONS RESIDING IN THIS
4 COUNTY. SEVENTY-SIX PERCENT OF THOSE PATIENTS ARE UNINSURED
5 AND 20 PERCENT ARE ON MEDI-CAL. IN 1997, YOU ESTABLISHED THE
6 PUBLIC-PRIVATE PARTNERSHIP PROGRAM AS PART OF A RESTRUCTURING
7 OF THE COUNTY'S HEALTH DELIVERY SYSTEM. OUR MEMBERS COMPRISE
8 THE MAJORITY OF PARTICIPATING CLINICS IN THIS PROGRAM.
9 RESTRUCTURING OF A COUNTY'S HEALTHCARE SYSTEM IS NO SMALL TASK
10 AND CANNOT BE TAKEN LIGHTLY. THIS IS A SYSTEMS ISSUE AND NEEDS
11 TO BE RESOLVED WITH THE SYSTEMS APPROACH. SERVICES CANNOT BE
12 SIMPLY CARVED UP AND RESPONSIBILITY TRANSFERRED OVERNIGHT. WE
13 ARE VERY HAPPY THAT YOU ALL HAVE RECOGNIZED THIS BECAUSE WE
14 SHARE YOUR SAME CONCERNS. THE RESTRUCTURING OF L.A. COUNTY'S
15 OUTPATIENT PRIMARY CARE SERVICES SHOULD BE DONE WITH THE GOAL
16 OF CREATING A HEALTHCARE SYSTEM THAT NOT ONLY ADDRESSES THE
17 COUNTY'S BUDGET ISSUES, BUT ALSO STRENGTHENS THE SYSTEM OF
18 CARE FOR L.A. COUNTY'S RESIDENTS. THE NONPROFIT COMMUNITY
19 CLINICS ARE READY TO PARTNER IN THIS PROCESS, WHICH MUST ALSO
20 INCLUDE THE PUBLIC AND PRIVATE HOSPITALS, LABOR, HEALTHCARE
21 ADVOCATES AND THE COMMUNITIES THAT NEED THESE SERVICES. WE
22 THANK ALL OF YOU FOR THE LEVEL OF CONCERN YOU'VE RAISED TODAY
23 REGARDING THIS PROPOSAL, AND YOUR STRONG SUPPORT FOR PRIMARY
24 CARE IN L.A. COUNTY AND THE P.P.P. PROGRAM. WE AGREE THAT
25 THERE NEEDS TO BE A THOROUGH ANALYSIS AND A CAREFUL PLAN



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1 DEVELOPED. THERE ARE NO QUICK FIXES. WE LOOK FORWARD TO
2 ENGAGING IN THOSE DISCUSSIONS WITH THE DEPARTMENT, YOUR
3 OFFICES AND THE C.E.O.'S OFFICE TO FORMULATE A PLAN THAT WILL
4 CREATE A STRONGER SYSTEM OF CARE FOR L.A. COUNTY. THANK YOU.

5

6 **SUP. BURKE, CHAIR:** THANK YOU. MR. FLORES. AND WOULD YOLANDA
7 VERA COME FORWARD?

8

9 **HECTOR FLORES:** GOOD AFTERNOON, SUPERVISORS. MY NAME IS HECTOR
10 FLORES, I'M A FAMILY PHYSICIAN WHO HAS PRACTICED IN EAST LOS
11 ANGELES FOR OVER 20 YEARS. I ECHO THE CONCEPT OF USING THIS
12 OPPORTUNITY TO FIND A SYSTEM SOLUTION FOR THE CHALLENGES WE
13 ALL SHARE. TODAY, I'M SPEAKING IN FAVOR OF MR. KNABE'S MOTION,
14 I THINK IT'S THE RIGHT WAY TO PROCEED, AND IN MOVING FORWARD,
15 I HAVE A RECOMMENDATION FOR A MORE INCLUSIVE PARTNERSHIP WITH
16 THE PEOPLE OF L.A. COUNTY. IN 1992, THE BOARD OF SUPERVISORS
17 APPOINTED THE TASK FORCE FOR HEALTHCARE ACCESS IN LOS ANGELES
18 COUNTY, WHICH WAS CHAIRED BY DR. BOB TRUNQUADA [PH?] AND CO-
19 CHAIRED BY CORINNE SANCHEZ AND DR. HARRY DOUGLAS. THIS BODY
20 QUICKLY EVOLVED INTO THE MANAGED CARE PLANNING COUNCIL FOR LOS
21 ANGELES COUNTY, CHAIRED BY THE D.H.S. DIRECTOR, MR. BOB GATES,
22 WHEN GOVERNOR PETE WILSON ANNOUNCED HIS PLAN FOR THE MEDI-CAL
23 MANAGED CARE INITIATIVE IN 1993. THESE TWO GROUPS ACHIEVED
24 NOTABLE ACCOMPLISHMENTS IN A RELATIVELY SHORT PERIOD OF TIME,
25 AND I THINK THEY SERVE AS A MODEL FOR SOMETHING THAT THE BOARD



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1 COULD ADOPT IN MOVING FORWARD, ENGAGING THE ENTIRE COUNTY OF
2 LOS ANGELES. IT'S IMPORTANT TO REMEMBER THAT THE TASK FORCE
3 FOR HEALTHCARE ACCESS AND THE MANAGED CARE PLANNING COUNCIL
4 INCLUDED A CROSS-SECTION OF THE CLASSIC STAKEHOLDERS. NAMELY,
5 PATIENTS EMPOWERED TO PARTICIPATE, EMPOWERED WITH INFORMATION,
6 CONSUMER ADVOCACY GROUPS WHO PROVIDED A THOUGHTFUL VOICE FOR
7 POLICY CHANGES TO SERVE THOSE PATIENTS, PROVIDE ORGANIZATIONS
8 WERE REPRESENTED, ESPECIALLY THE COMMUNITY CLINICS, AND THERE
9 WERE PURCHASER GROUPS, ORGANIZED LABOR, INSURANCE COMPANIES,
10 POLICY MAKERS AND FINANCE EXPERTS, TO NAME A FEW. AS A RESULT,
11 THEIR RECOMMENDATIONS WERE THOUGHTFUL AND THEY WERE PRACTICAL,
12 AND AT TIMES THEY WERE CONTROVERSIAL, TOO. MOST NOTABLE TO ME
13 WERE THREE ACHIEVEMENTS. ONE WAS A TASK FORCE COMPLETED THE
14 LAST AVAILABLE COMPREHENSIVE ASSESSMENT OF THE ENTIRE COUNTY
15 OF LOS ANGELES, INCLUDING HOW BEST TO ADDRESS THE NEEDS OF THE
16 UNINSURED, WHO WAS ALREADY DOING OUT THERE AND WHO NEEDED TO
17 BE BOLSTERED UP THERE TO ACCOMPLISH THAT JOB. SECONDLY, BOTH
18 THE TASK FORCE AND THE COUNCIL REACHED THE NATIONAL CONCLUSION
19 THAT L.A. COUNTY IS RESPONSIBLE FOR THE POOR, NOT JUST THE
20 PUBLIC SECTOR OF HOSPITALS AND CLINICS. IN SO DOING, THE THIRD
21 ACHIEVEMENT THAT WAS IN 1993, THE MANAGED CARE PLANNING
22 COUNCIL RECOMMENDED, AND THE BOARD ADOPTED, A PUBLIC-PRIVATE
23 PARTNERSHIP MODEL USING THE UNIFIED SYSTEM FOR A HEALTHY LOS
24 ANGELES. THE UNIFIED SYSTEM WOULD BE GUIDED BY A QUASI
25 GOVERNMENTAL HEALTH AUTHORITY AND PREDICATED ON MANAGED CARE



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1 PRINCIPLES TO ACHIEVE POPULATION HEALTH AND A MORE PRUDENT
2 INVESTMENT OF LIMITED HEALTHCARE DOLLARS, AND BELIEVE IT OR
3 NOT, THERE WAS A CONSENSUS THAT EVERYONE NEEDED TO ANTE UP TO
4 THE PLATE, INCLUDING THE PRIVATE FOR-PROFIT SECTOR. ALSO,
5 THERE WAS MUCH HOPE THAT THE AMBITIOUS ENDEAVOR WOULD BE
6 SUPPORTED BY THE NATIONAL HEALTHCARE REFORM CHAMPION, BY THEN
7 PRESIDENT CLINTON. UNFORTUNATELY, OUR NATION'S PLAN FOR
8 UNIVERSAL COVERAGE DISINTEGRATED AND AS A COUNTY WE SIMPLY RAN
9 OUT OF TIME. HOWEVER, ALL WAS NOT LOST. THE PUBLIC-PRIVATE
10 PARTNERSHIP AND DELIVERY REDESIGN CAPTURED THE IMAGINATION OF
11 PRESIDENT CLINTON AND PRESIDENT BUSH AND GAVE US AN ADDITIONAL
12 TEN YEARS PLUS TWO YEARS ON A MEDI-CAL REDESIGN, AS WAIVERS
13 AND YET WE HAVE BEEN DISAPPOINTED AGAIN BECAUSE WE RAN OUT OF
14 TIME WITH HEALTHCARE REFORM. AND SO IT'S TIME TO TAKE
15 ACCOUNTABILITY OURSELVES. SO IN CONCLUSION, I URGE THAT YOUR
16 BOARD REVIEW THE PAST SUCCESS OF THOSE TWO BODIES AND APPOINT
17 A TASK FORCE ON THE UNIFIED SYSTEM FOR A HEALTHY LOS ANGELES
18 COUNTY TO CONTINUE OUR PATH TOWARDS A SOLUTION THAT IS
19 COMMONLY SHARED BY ALL SECTORS, INCLUDING THE PRIVATE FOR-
20 PROFIT SECTOR. I THINK THIS UNITY WILL ALSO PREVAIL ON OUR
21 STATE AND FEDERAL GOVERNMENT TO STEP IN AS WELL. THANK YOU
22 VERY MUCH.

23

24 **SUP. BURKE, CHAIR:** STATE YOUR NAME.

25



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1 **ANNIE PARK:** GOOD AFTERNOON, SUPERVISORS. MY NAME IS ANNIE PARK
2 AND I AM HERE REPRESENTING COMMUNITY HEALTH COUNCILS. I WOULD
3 LIKE TO SUBMIT A LETTER OF RESPONSE TO THE DEPARTMENT OF
4 HEALTH SERVICES PROPOSAL, AND IF I COULD JUST SPEAK TO SOME OF
5 THE MAIN POINTS THAT WE PUT IN THIS LETTER. FIRST OFF, WE
6 CANNOT STRESS ENOUGH THAT THE RESPONSIBILITY OF PROVIDING
7 HEALTHCARE TO THE UNINSURED LIES PRIMARILY WITH THE COUNTY. WE
8 UNDERSTAND THE NEED TO PARTNER WITH THE COMMUNITY AND WE URGE
9 YOU TO CONTINUE TO DO SO, PARTICULARLY WITH THE P.P.P. CLINICS
10 TO COME TO A RESOLUTION, BUT WE DO NOT TAKE THIS TO MEAN THAT
11 THE CLINIC HAS MET ITS RESPONSIBILITY. 400,000 PATIENTS A YEAR
12 ARE TREATED AT D.H.S. CLINICS AND SHIFTING THOSE PEOPLE TO THE
13 PRIVATE SECTOR UNDER THE BEST OF CIRCUMSTANCES REQUIRES
14 CAREFUL PLANNING, AMPLE RESOURCES AND A GENEROUS AMOUNT OF
15 TIME, AND WE ARE NOT OPERATING UNDER THE BEST OF
16 CIRCUMSTANCES. FINANCIALLY, THE PROPOSAL SEEMS TO ONLY
17 PARTIALLY ALLEVIATE THE DEFICIT, SO WE QUESTION HOW THE COUNTY
18 WILL CONTINUE TO BE ABLE TO FUND PRIMARY CARE SERVICES IN THE
19 LONG TERM. WE HAVE A SERIES OF QUESTIONS THAT WE HAVE ASKED IN
20 THE LETTER, INCLUDING WHAT THE TIMELINE IS, AND WE WOULD LIKE
21 TO SEE CONCRETE DATES AND GOALS GIVEN BY THE DEPARTMENT OF
22 HEALTH SERVICES. WE WOULD LIKE TO SEE AN ASSESSMENT THAT IS
23 DONE OF THE CAPACITY THAT IS AVAILABLE AND THE P.P.P.S AND WE
24 WANT THIS ASSESSMENT TO BE AS THOROUGH AS POSSIBLE, INCLUDING
25 WHAT TYPE OF FUNDING WOULD BE AVAILABLE FOR ALL ASPECTS OF



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1 CARE, INCLUDING THE PHARMACY AND HOW THE STATE AND FEDERAL
2 BUDGET DEFICITS ARE GOING TO AFFECT THIS IN LIGHT OF THE
3 SPECIFICS SUCH AS THE 10 PERCENT PROVIDER CUT RATE THAT WAS
4 JUST RECENTLY APPROVED BY THE STATE BUDGET. IN CLOSING, I
5 WOULD JUST LIKE TO SAY THAT BEFORE THE PUBLIC OR ANY
6 STAKEHOLDERS WOULD APPROVE OF ANY PLAN SUCH AS THIS ONE, WE
7 WOULD HAVE TO SEE THAT THERE IS NO ADVERSE IMPACT TO THE
8 COMMUNITY AND THE PATIENTS WHO UTILIZE THESE SERVICES. THANK
9 YOU.

10

11 **SUP. BURKE, CHAIR:** THANK YOU. DR. CLAVREUL?

12

13 **DR. GENEVIEVE CLAVREUL:** GOOD AFTERNOON. DR. GENEVIEVE
14 CLAVREUL. YOU KNOW, I'M KIND OF ASTONISHED, WE'RE TALKING
15 ABOUT WHAT WE ARE TALKING TODAY, SINCE WE NEVER HAVE A TRUE
16 BUDGET FROM D.H.S.. I MEAN, SINCE THE 7/17, JULY OF LAST YEAR,
17 THEN IT WAS POSTPONED TO 9/25, THEN TO THE 10/09, THEN TO
18 11/20, THEN TO THE 1/15, AND WE STILL DON'T HAVE A BUDGET. I
19 DON'T KNOW ABOUT YOU, BUT I HAVE NOT SEEN ONE, AND THAT YOU
20 EVEN WILL DISCUSS ANY KIND OF BEHAVIOR IN RELATIONSHIP TO A
21 NONEXISTING BUDGET IS ASTONISHING TO ME, BUT, YOU KNOW, I'M
22 JUST AN EXPERT IN HEALTH AND I LIKE TO MAKE A DECISION BASIS.,
23 I LIKE TO HAVE NUMBERS TO DIRECT MY BEHAVIOR. YEAH, I'M A
24 LITTLE COUNTRY GIRL FROM PARIS, YOU KNOW? US FRENCH LIKE TO
25 ASK QUESTIONS SOMETIMES, AND ME IN PARTICULAR. I'M SPEECHLESS.



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1 I MEAN, YOU KNOW, FOR THE LAST TWO HOURS, YOU DISCUSSED THE
2 ISSUE THAT HAD ABSOLUTELY NO VALUE BECAUSE YOU DON'T HAVE NO
3 DOLLAR FIGURE WITH IT. AND TO EVEN TALKING ABOUT SOME
4 REDUCTION OF SERVICE WHEN THE NONPROFIT CLINIC ARE DOING A IS
5 SUPERB WITH NOT THE RIGHT REIMBURSEMENT TO PROVIDE THE CARE.
6 AND WHEN I SEE, YOU KNOW, MR. FUJIOKA BIG INCREASE IN SALARY,
7 I THINK A DOUBLE LAYER BETWEEN HIM AND OTHER PEOPLE. DR.
8 CHERNOF, I MEAN, IF YOU TAKE A NOTE OF ALL THE PEOPLE WHO HAVE
9 BEEN ADDED SINCE MR. FUNIKE LEFT, IS MILLIONS OF DOLLARS
10 THERE. AND YOU ARE TALKING ABOUT CUTTING \$100,000, OR 1
11 MILLION FROM TREATMENT TO PATIENTS IS ABSURD, AND I THINK
12 UNTIL THE PUBLIC AND YOU, SUPERVISORS, BECAUSE YOU ARE
13 SUPPOSED TO MAKE YOUR DECISION ON FACTS, HAVE A TRUE BUDGET,
14 WE SHOULDN'T EVEN BE BROUGHT TO THIS TABLE, YOU KNOW. AND I
15 HOPE PEOPLE WATCH AND MAKE, YOU KNOW, BRING YOU TO REASON, AND
16 ALSO FOR MS. OCHOA, I DON'T KNOW HOW MUCH MONEY YOU GET FROM
17 THE UNION, BUT SOME OF YOU MUST BE GETTING MONEY TO ALLOW HER
18 TO SPEAK MORE THAN ANY OTHER MEMBER OF THE PUBLIC. WE DO IN
19 OUR OWN TIME AND IN OUR OWN MONEY. THANK YOU. OH, AND FOR YOUR
20 EDIFICATION, I HAVE A VERY GOOD ARTICLE ON HEALTHCARE
21 COMPARING THE FRENCH SYSTEM TO THE AMERICAN SYSTEM. THANK YOU.

22

23 **YOLANDA VERA:** GOOD AFTERNOON. I'M YOLANDA VERA FROM L.A.
24 HEALTH ACTION AND I'M TESTIFYING ON BEHALF OF L.A. HEALTH
25 ACTION AND NOT THE L.A. COLLABORATIVE. JUST A FEW THOUGHTS,



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1 MANY OF WHICH HAVE BEEN RAISED TODAY ALREADY. FIRST AND
2 FOREMOST, PLANNING FOR CUTS SHOULD BE THE VERY LAST OPTION,
3 AND WHETHER IT'S CUTS AT FACILITIES, STAFF OR SERVICES, AND AS
4 ITS TOP PRIORITY, L.A. COUNTY SHOULD LEAD A JOINT CAMPAIGN
5 WITH LABOR AND WE INVITE THEM TO PARTICIPATE WITH THE
6 COLLABORATIVE ON FINDING SOME SOLUTIONS FOR MORE PUBLIC AND
7 PRIVATE DOLLARS THAT WOULD HELP SUSTAIN THE SYSTEM. SECOND,
8 AND THIS HAS ALSO BEEN SAID, BUT I ALSO WANT TO REITERATE IT,
9 ANY EFFORT TO RESTRUCTURE PRIMARY CARE CAN BE, MUST BE LED BY
10 AN EMPOWERED DIRECTOR OF AMBULATORY CARE WHO HAS
11 RESPONSIBILITY OVER THE ENTIRE SYSTEM. WE NEED ESSENTIALLY AN
12 ELI MANNING OF PRIMARY CARE WHO IS GOING TO CALL THE SHOTS,
13 BECAUSE CURRENTLY AS IT'S STRUCTURED, WE DON'T KNOW WHAT'S
14 HAPPENING. A DIRECTOR OF AMBULATORY CARE CAN TELL US WHY THERE
15 ARE REDUCTIONS AND SERVICES, WHERE THE REDUCTIONS ARE
16 HAPPENING, AND WHAT WE SHOULD BE DOING IN RESPONSE. THIRD, ANY
17 CHANGE IN THE OUTPATIENT CARE DELIVERY SYSTEM NEEDS TO BE DONE
18 IN THE CONTEXT OF A VISION THAT'S WELL ARTICULATED, A LARGER
19 STRATEGIC PLAN THAT INTEGRATES AND COORDINATES ALL THE
20 DIFFERENT PROVIDERS ACROSS ALL THE DIFFERENT LEVELS OF CARE.
21 FOURTH, WHEN I LOOK AT THE P.P.P. CLINIC SERVICES, IT MAKES
22 SOME SENSE TO DO AND TAKE AN APPROACH THAT INCLUDES SOME
23 FURTHER EXPANSION OF THOSE SERVICES BECAUSE THEY HAVE PROVEN
24 THAT THEY CAN PROVIDE THOSE SERVICES WELL AND COST
25 EFFECTIVELY. STILL, DO WE DO THAT AT THE COST OF ELIMINATING



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1 THE COUNTY'S PUBLIC HEALTH CENTERS? WE DON'T HAVE ENOUGH
2 INFORMATION, AND I THINK SUPERVISOR KNABE'S MOTION WOULD ASK A
3 LOT OF THE RELEVANT QUESTIONS, WHICH INCLUDE, ARE WE PROPOSING
4 A TIMELINE THAT MAKES SENSE, ARE WE ENSURING THAT WE WOULD PAY
5 ENOUGH MONEY TO THE CLINICS, ARE WE ENSURING THAT THEY COULD
6 RAMP UP TO PROVIDE THE ADDITIONAL 260,000 VISITS THAT WE'D BE
7 REQUESTING THEM, ARE WE GOING TO INVEST IN TECHNOLOGY SO THAT
8 WE CAN TRACK AND REPORT TRENDS AND RESPOND TO THEM, ARE WE
9 GOING TO DO THIS SLOWLY SO THAT WE WON'T LOSE PATIENTS IN THE
10 SYSTEM, WE WON'T LOSE MEDICAL RECORDS AND THAT PATIENTS WON'T
11 BE LOST WITHOUT ANY ACCESSIBLE GEOGRAPHICAL CARE, AND ARE WE
12 GOING TO DO THIS TRANSITION PURSUANT TO AN ARTICULATED,
13 BROADER VISION? IF WE ADOPTED THIS PROPOSAL WITHOUT ANY ONE OF
14 THESE ELEMENTS, WE DOOM IT FOR FAILURE AT THE HARM OF COUNTY
15 RESIDENTS BOTH INSURED AND UNINSURED AND WE FURTHER SHRED OUR
16 VERY FRAGILE FABRIC OF CARE. THANK YOU.

17
18 **SUP. BURKE, CHAIR:** THANK YOU. ON ITEM 48, SUPERVISOR KNABE
19 MOVES, SUPERVISOR MOLINA SECONDS. WITHOUT OBJECTION, SO
20 ORDERED. ON S-3, IS THAT RECEIVE AND FILE? ALL RIGHT. WITHOUT
21 OBJECTION. LET'S SEE. SUPERVISOR ANTONOVICH, YOU DID YOUR
22 ADJOURNMENTS. SUPERVISOR MOLINA--

23
24 **CLERK SACHI HAMAI:** PUBLIC COMMENT.



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1 **SUP. BURKE, CHAIR:** PUBLIC COMMENT. MARTIN DAVIS. ARNOLD SACHS.
2 THERESE HUGHES. AND THEN WE'LL BE CALLING DOLORES RAMOS. MR.
3 DAVIS?

4

5 **MARTIN DAVIS:** THIS IS MARTIN DAVIS. WE SPOKE LAST WEEK ON THE
6 VETERANS, FOR MORE HOUSING VOUCHERS FOR VETERANS, AND WE WOULD
7 LIKE TO SPEAK ON IT AGAIN, AND WE ALSO WERE TALKED TO ABOUT--
8 WE SAID WE HAD HOUSING APPLICATIONS FROM ALL THESE DIFFERENT
9 HOUSING AUTHORITIES THAT AREN'T TAKING APPLICATIONS, AND THE
10 ONES YOU DON'T NEED A SOCIAL SECURITY NUMBER FOR ARE TAKING
11 APPLICATIONS. WE BROUGHT A COPY OF THE HOUSING AUTHORITY THING
12 WHERE IT STATES RIGHT ON IT, YOU DON'T HAVE TO HAVE SOCIAL
13 SECURITY TO PARTICIPATE IN THE PROGRAMS, AND WE LEFT IT WITH
14 CARLA-- CARLIE. WE LEFT AN APPLICATION THERE, IF YOU CAN LET
15 KNABE OR THEM SEE THAT IT SAYS RIGHT ON IT, AND WE THANK YOU
16 FOR YOUR TIME AND WE JUST WISH THAT FOR HOMELESS VETERANS,
17 THAT THEY WOULD GET MORE HOUSING APPLICATIONS.

18

19 **SUP. BURKE, CHAIR:** ALL RIGHT. THANK YOU.

20

21 **MARTIN DAVIS:** THANKS, HAVE A NICE DAY.

22

23 **SUP. BURKE, CHAIR:** THERESE HUGHES AND THEN MR. SACHS.

24



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1 **THERESE HUGHES:** GOOD AFTERNOON, SUPERVISOR BURKE, MEMBERS OF
2 THE BOARD OF SUPERVISORS. I'M HERE SORT OF AFTER THE FACT FOR
3 THE VOTE BECAUSE ACTUALLY I'M HERE ON BEHALF OF THE VENICE
4 FAMILY CLINIC TO SPEAK ABOUT THE CLINIC CLOSURE AND THE
5 CHALLENGES THAT EVERYBODY FACES IN TERMS OF PROVIDING PRIMARY
6 CARE TO THE UNDERSERVED AND INDIGENT IN LOS ANGELES COUNTY. AS
7 YOU KNOW, IN 1995, THE VENICE FAMILY CLINIC STEPPED FORWARD TO
8 INCREASE COVERAGE AND TO PROVIDE COVERAGE FOR PEOPLE ON THE
9 WEST SIDE OF LOS ANGELES AT OUR PICO SITE, AND IT'S IN THAT
10 VEIN THAT I'D LIKE TO SAY THANK YOU, FIRST OF ALL, FOR ALL OF
11 YOUR COMMENTS. THEY SPEAK FROM WHERE LIZ FORD COMES FROM, WHOM
12 I'M REPRESENTING, AND THEY REPRESENT THE THOUGHTS OF THE
13 PEOPLE ON THE WEST SIDE AS WELL OF LOS ANGELES. THERE ARE JUST
14 A COUPLE OF THINGS THAT I THINK NEED TO BE MADE-- STATED AND
15 NEED TO HAVE EMPHASIS. THE FIRST IS THE FACT THAT THE
16 NEWSPAPER ARTICLE SAID THAT THEY WERE GOING TO PROVIDE-- THE
17 PUBLIC-PRIVATE PARTNERS WOULD BE PAID ENOUGH TO TREAT ALL THE
18 PATIENTS WHO LACK INSURANCE OF ANY KIND. AS YOU KNOW, THIS IS
19 THE MOST EXPENSIVE TYPE OF CARE THAT THERE IS OUT THERE, AND
20 IT IS OF CONCERN TO US THAT THE DOLLAR AMOUNT, THE DIFFERENCE
21 BETWEEN THE \$94 THAT THE COUNTY PROVIDE, WHICH WE APPRECIATE
22 AND AT VENICE, IT'S \$134 TO PROVIDE CARE, THAT CLOSING THAT
23 GAP IS DIFFICULT. THE FOUNDATIONS HAVE ADDRESSED OTHER-- HAVE
24 TAKEN DIFFERENT STRATEGIES OVER THE LAST COUPLE OF YEARS AND
25 SOME OF THE PROGRAMS THAT WE HAVE WORKED WITH THEM IN



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1 CONJUNCTION AND WILL CONTINUE TO WORK WITH THEM, NO LONGER
2 HAVE FUNDING AVAILABLE, OR THEY'VE SUNSETTED AS PART OF THE
3 CONTRACTS THAT WE'VE WORKED WITH. THE SECOND THING IS, IS THAT
4 PHILANTHROPY CARE OR DOLLARS GOING FROM PHILANTHROPY INTO
5 PRIMARY CARE IS NOT A SEXY THING AND THEY ARE JUST REALLY NOT
6 AVAILABLE. VENICE HAS A LARGE BUDGET DEFICIT THIS YEAR THAT WE
7 ARE WORKING TO REIN IN, AND SO WE'RE VERY CONCERNED ABOUT THE
8 USE OF THE FUNDING IN CURRENT YEAR AS WELL AS IN FUTURE YEARS,
9 SHOULD THE PLAN GO FORWARD IN ANY WAY AND WE HOPE THAT YOU
10 WILL WELCOME US TO THE TABLE SINCE WE HAVE ACTUAL EXPERIENCE
11 IN THIS ARENA. AND THE LAST THING THAT I WANT TO SAY IS THAT I
12 RECOGNIZE THAT FEDERAL AND STATE DOLLARS HAVE BEEN FLAT FOR
13 Y'ALL FOR A PERIOD OF TIME, AND THEY'VE BEEN FLAT FOR US AS
14 WELL. SO IN THAT PROVISION OF A DOLLAR AMOUNT, THERE NEEDS TO
15 BE SOMETHING ADDED TO THE POT OTHER THAN WHAT'S THERE BECAUSE
16 WE HAVE FLAT BUDGETS FROM THE STATE AND THE FEDERAL LEVEL AS
17 WELL. AND THEN THERE'S TWO OTHER THINGS. IN TAKING OVER A
18 CLINIC, CODE UPDATES ARE NECESSARY, SO IF PRIVATE-- THE
19 PUBLIC-PRIVATE PARTNERS WERE TO TAKE OVER, CODE UPDATES ARE
20 EXPENSIVE, THERE NEEDS TO BE TRANSITORY-- THERE NEEDS TO BE
21 TRANSITIONING FUNDS THAT LOOKS AT FACILITIES AS WELL AS
22 PROVIDING THE COST OF PROVIDERS AND AS WELL AS, YOU KNOW,
23 OTHER HEALTHCARE. AND THEN THE LAST IS, WE HAVE LICENSE ISSUES
24 THAT THE COUNTY DOESN'T HAVE, AND THOSE NEED TO BE BROUGHT UP
25 AS WELL. THANK YOU VERY MUCH.



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1

2 **SUP. BURKE, CHAIR:** DOLORES RAMOS. CEDRIC WILSON. AND DOCTOR
3 DELANGE, WILL YOU PLEASE COME FORWARD.

4

5 **ARNOLD SACHS:** THANK YOU VERY MUCH. ARNOLD SACHS. I, TOO,
6 WANTED TO SPEAK ABOUT THE ITEM THAT YOU JUST VOTED ON.
7 BASICALLY, I REALLY HAD ONE QUESTION, AND THE PERSON WHO JUST
8 SPOKE BEFORE ME WAS THE SECOND PERSON WHO BROUGHT UP THE COST
9 FOR THE CLINICS. IN THIS ARTICLE FROM THE "L.A. TIMES" FROM
10 THE 15TH, I'M QUOTING SOMETHING THAT SUPERVISOR ANTONOVICH
11 SAID, THAT "THE PRIMARY CARE COSTS FOR THE COUNTY ARE \$197 AT
12 ONE OF ITS OWN FACILITIES. UNDER THE CURRENT CONTRACTS, THE
13 COUNTY PAYS PRIVATE CLINICS \$94 FOR EACH VISIT: AND THE
14 SPEAKER JUST BEFORE ME SAID THE COSTS WERE \$134, AND SOMEBODY
15 ELSE HAD MENTIONED THE SAME AMOUNT, GIVE OR TAKE A COUPLE OF
16 DOLLARS. THEY GET THAT FUNDING FROM DONATIONS. MAYBE I
17 MISUNDERSTOOD THAT THE DIFFERENCE THAT THEY MAKE UP IS MADE UP
18 FROM DONATIONS THAT THEY GET. MY QUESTION IS, IS THAT THEY
19 HAVE AN ACTUAL-- MAYBE AN ACTUAL COST OF \$134 AND THE COUNTY
20 HAS A COST OF \$197. WHY IS THERE A DIFFERENCE OF \$60 AND WHY
21 IS IT TAKING SO LONG FOR THE COUNTY TO ACT ON THAT DIFFERENCE
22 PER PATIENT? THANK YOU VERY MUCH FOR YOUR TIME. THANK YOU VERY
23 MUCH FOR YOUR COMMENTS. AND ONE OTHER THING, CONGRATULATIONS
24 TO THE COUNTY BOARD OF SUPERVISORS FOR HAVING THE WHEREWITHAL
25 TO ENTER INTO A CONTRACT TO RENOVATE THE COLISEUM. HOPEFULLY



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1 WE'LL HAVE A B.C.S. BOWL GAME HERE BEFORE THE 2000 CENTURY IS
2 OVER.

3

4 **SUP. BURKE, CHAIR:** DOLORES RAMOS, CEDRIC WILSON AND DR.
5 DELANGE YES. PLEASE STATE YOUR NAME.

6

7 **DOLORES RAMOS:** DOLORES RAMOS. I HAVE A QUESTION WITH REGARDS
8 TO DEPARTMENT OF CHILDREN AND FAMILY SERVICES. FOR INSTANCE,
9 WHAT SUPPORTER ADVOCACY IS IN PLACE TO ENSURE THAT ALL CASES
10 ARE BEING TREATED AND/OR FOLLOWED ACCORDING TO POLICY? IS
11 THERE A COMMITTEE THAT MONITORS D.C.F.S?, WHERE DOES ONE
12 ADDRESS SERIOUS PROBLEMS SUCH AS ABUSE OF SOCIAL WORKERS AND
13 FALSIFYING DOCUMENTS? I HEARD A DISTURBING COMMENT MADE BY
14 CLERK'S OFFICE AT THE ELEMENTS CHILDREN'S COURT. SUPERVISOR
15 AND HER SUBORDINATES SAID WE CAN'T STOP A CLIENT FROM FILING.
16 SHE'LL NEVER GET HER CHILDREN BACK. SHE'S MENTALLY RETARDED.
17 THEY DIDN'T CARE THAT I WAS PRESENT. THERE SEEM TO BE A LOT OF
18 NON LICENSED DOCTORS HURLING ACCUSATIONS SUCH AS THOSE, NOT
19 ONLY AT ELEMENTS, BUT AT D.C.F.S. I ENCOUNTER TOO MANY PARENTS
20 LABELED AS MENTALLY RETARDED, YET THEY HAD ENOUGH FORTITUDE TO
21 TRY TO RECLAIM THEIR CHILDREN. ALSO, IT'S TOO EASY FOR PEOPLE
22 TO CALL IN AND LIE AND ALLEGE CHILD ABUSE WHEN THERE ISN'T
23 ANY. SHORT OF PHYSICAL SIGNS, THE COUNTY HAS AN OBLIGATION TO
24 MAINTAIN FAMILIES, NOT SEPARATE THEM. WE ARE ALL AWARE OF WHAT
25 HAPPENS WHEN CHILDREN GO THROUGH A SYSTEM. THERE NEEDS TO BE



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1 MORE STRINGENT POLICIES. IF SOMEONE IS REPORTING, THERE SHOULD
2 BE NO SUCH ANIMAL AS ANONYMOUS. I WAS REPORTED OUT OF
3 RETALIATION. AT THAT POINT, ALTHOUGH MY CHILDREN WERE HAPPY
4 AND HEALTHY, WE LOVED EACH OTHER, THEY WERE TAKEN AWAY WITHOUT
5 REASON. IT WASN'T UNTIL SOME TWO WEEKS LATER I FOUND OUT THEY
6 WERE MOVED DUE TO THE MENTAL LABEL AGAIN. NOTHING TO GO ON
7 EXCEPT FALSE ALLEGATIONS. THAT, IN MY OPINION, IS A TRAVESTY.
8 THE COUNTY MENTIONED THEY WOULD ASSIST MY FAMILY WITH HOUSING,
9 COUNSELING ETC. TO DATE, NOTHING, NOT EVEN AN INTERVIEW SINCE
10 JANUARY 30TH OF 2008. PLEASE STOP PERMITTING FAMILIES TO BE
11 SEPARATED WITHOUT CONCRETE PROOF OF ENDANGERMENT. AND ALSO,
12 ALTHOUGH THE BOARD HAS NO CONTROL OVER LAW ENFORCEMENT WHO
13 CHOOSES TO ABUSE THEIR AUTHORITY, NOT ALL, BUT BY MAKING FALSE
14 ARRESTS. I WISH SOCIETY AS A WHOLE WOULD STOP RELYING ON THE
15 WORDS OF OFFICERS AS THEY ARE NOT IMMUNE FROM LYING. IF THEY
16 WERE SUBJECTED TO POLYGRAPHS, I KNOW A LOT OF INNOCENT PEOPLE
17 WOULD NOT BE CHARGED WITH BOGUS CRIMES OR SERVE TIME. IF AN
18 OFFICER'S TELLING THE TRUTH, SHE OR HE SHOULD HAVE NO PROBLEMS
19 WITH SUBMITTING TO A POLYGRAPH, WHICH INCLUDES COURT APPOINTED
20 LAWYERS, SOCIAL WORKERS, ALSO. I'VE BEEN SPOKEN TO BY D.C.F.S.
21 AS IF I'M SOMEONE'S HOUSE PET. NO ONE WILL LISTEN. EVERYONE
22 JUST TREATS YOU AS IF YOU ARE GUILTY AS CHARGED. AGAIN, THEY
23 HAVE NO CONCRETE PROOF AND THERE'S NO ONE TO GO TO BECAUSE
24 EVERYONE JUST TREATS YOU AS YOU'RE AN ABUSER, AND THAT'S THE
25 END OF THAT.



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1

2 **SUP. BURKE, CHAIR:** THANK YOU. MR. WILSON?

3

4 **CEDRIC WILSON:** YES. GOOD AFTERNOON. MY NAME IS CEDRIC WILSON.
5 THE LADY THAT WAS SPEAKING, I SAW THE PERSON WASN'T EVEN
6 PAYING ATTENTION TO HER. I THOUGHT THAT WAS VERY
7 DISRESPECTFUL. NEVERTHELESS, I CAME HERE ON ONE CONCEPT, IN
8 TERMS OF THE ENORMOUS CHALLENGES THAT WE HAVE IN THIS COUNTY,
9 AND THEN WALKED IN ON ANOTHER. SEEMED LIKE OUR HEALTH AND
10 HUMAN SERVICES, IF I HEARD IT TODAY FROM C.E.O.S, PRESIDENTS
11 AND PHYSICIANS, INDICATE ABOUT THE PROBLEMS AS IN THIS COUNTY,
12 IT'S JUST SAD. FOR THIS TO BE THE SECOND LARGEST CITY IN THE
13 UNITED STATES, IT'S JUST REALLY SAD. I CAME IN HERE BASICALLY
14 ON BEHALF OF VETERANS. I'M A VETERAN, I'VE BEEN VOLUNTEERING
15 FOR VETERANS ALMOST SIX YEARS, YOU KNOW, AND LIKE I SAY, I
16 CAME IN HERE WITH ONE IDEA JUST TO TALK ABOUT WITH VETERANS
17 AND I'M LISTENING TO OTHER CHALLENGES, AND IT JUST BLOWS MY
18 MIND. I MEAN, LESS THAN 5,280 FEET AWAY, WHICH IS ONE MILE,
19 YOU HAVE VETERANS, MALE AND FEMALE, WHO ARE HOMELESS WHO, WHEN
20 YOU GO HOME, YOU SEE THESE PEOPLE EVERY DAY, AND SOME OF THEM
21 HAVE MENTALLY ILL PROBLEMS, CHALLENGES, WHATEVER, FINE. BUT
22 SOME OF THEM DON'T, AND THERE'S NO RESOURCES HERE,
23 SUPERVISORS. NONE. WHEN I SAY NONE, IT'S NOT EVEN WORTH
24 MENTIONING. IT'S BASICALLY I GUESS THE EXCUSE IN TERMS OF THE
25 POLITICAL REALM IS THAT DUE TO THE ENORMOUS VOLUME OF



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1 VETERANS, IF WE WERE TO DO THIS HERE, IF WE COULD HELP THEM,
2 IT WOULD GO OUTSIDE THEIR BUDGET. THEN YOU HAVE TO GO BACK, I
3 GUESS RAISING TAXES IN TERMS OF TAXPAYERS. THE THING THAT I'M
4 REALLY CONCERNED ABOUT IS TRYING TO BUILD BRIDGES, BECAUSE I
5 CAN HAVE OVER 1,000 VETERANS RIGHT OUTSIDE THESE DOORS,
6 BASICALLY ANY GIVEN TIME TALKING ABOUT RESOURCES. THERE'S NO
7 RESOURCES FROM THE COUNTY OF LOS ANGELES THAT I'VE HEARD OF.
8 I'VE TALKED TO DOCTORS AND CASE MANAGERS AND CASE WORKERS
9 RIGHT DOWN THE STREET ON TEMPLE STREET, AND THAT'S HOW I KNEW
10 ABOUT THIS MEETING TODAY. I WAS TOLD THAT AFTER THE HOLIDAY,
11 THE FIRST TUESDAY, AT 1:00 OR 1:30 OR SOMETHING, SO I HAD TO
12 COME DOWN HERE, LIKE I SAY. WHEN I HEARD THE PHYSICIANS AND
13 EVERYTHING LIKE THIS, IT JUST BLEW MY MIND. SO IT SEEMED LIKE
14 OUR HEALTH AND HUMAN SERVICES IN THIS COUNTY HAVE BECOME A
15 BUSINESS. IT'S NOT LIKE THE OLD CHRISTIAN TYPE OF MINDSET, YOU
16 HELP YOUR FELLOW CITIZEN. IT'S BASICALLY SEGREGATED. I'M FROM
17 CHICAGO. I'VE NEVER SEEN A COMMUNITY LIKE THIS IN MY LIFE. IN
18 REGARDS TO EMPLOYMENT ISSUES FOR VETERANS, IN TERMS OF-- IT'S
19 JUST SO SEGREGATED. AND THEN WHAT I LIKE TO KNOW IS JUST
20 FINALIZING THE QUESTION, BECAUSE I HAD NUMEROUS ONES. BUT
21 THEN, AS I LOOK AT YOU GUYS' EYES, I JUST WANT TO ASK YOU GUYS
22 THIS. IN REGARDS TO ANY TYPE OF TASK FORCE THAT'S HIRING
23 ILLEGAL IMMIGRANTS THAT'S COME TO THIS COUNTY, YOU GUYS HAVE A
24 TAX TEAM THAT THE TAXPAYERS CAN PAY FOR THAT WILL-- NOT
25 DISCRIMINATE, BUT WILL LET THE PUBLIC KNOW OF THE EMPLOYERS



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1 WHO-- THESE BIG CORPORATIONS WHO HIRE THESE ILLEGALS. DO YOU
2 GUYS HAVE A TASK FORCE THAT COULD BE ABLE TO DO THIS, AND IF
3 NOT, WHY, AND IF YOU DO, HOW CAN WE FIND OUT WHERE THEY ARE
4 AND FIND OUT WHAT'S GOING ON? BECAUSE WE HAVE VETERANS THAT
5 ARE BLACK AND BROWN AND WHITE THAT NEED JOBS.

6

7 **SUP. ANTONOVICH:** LET ME JUST-- SIR, LET ME--

8

9 **SUP. MOLINA:** I WANT YOU TO TURN AROUND AND LOOK AT WHAT'S
10 GOING ON BACK THERE. TURN AROUND.

11

12 **CEDRIC WILSON:** WHAT DO YOU MEAN?

13

14 **SUP. MOLINA:** SHE'S GETTING HELP. WE'RE NOT IGNORING HER. SHE
15 CAME HERE, THERE ARE TWO PEOPLE SITTING WITH HER. SIR, OVER
16 HERE.

17

18 **CEDRIC WILSON:** OVER HERE?

19

20 **SUP. MOLINA:** YES. I WANT YOU TO KNOW THAT.

21

22 **CEDRIC WILSON:** WELL, THAT'S GREAT, I REALLY APPLAUD YOU FOR
23 THAT, MISS, BUT THE CHALLENGES THAT-- AND GOD BLESS HER.

24



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1 **SUP. MOLINA:** I UNDERSTAND THAT, BUT I'M JUST TRYING TO TELL
2 YOU, WE DIDN'T IGNORE HER.

3

4 **SUP. BURKE, CHAIR:** AND THERE'S SOMEONE WHO WILL BE TALKING TO-
5 -

6

7 **SUP. ANTONOVICH:** ALSO LET ME POINT OUT, COLONEL JOE SMITH, THE
8 HEAD OF THE VETERANS--

9

10 **CEDRIC WILSON:** AT PATRIOTIC HALL. I KNOW JOSEPH COLONEL SMITH
11 FOR A LONG TIME, SAY ABOUT NINE YEARS.

12

13 **SUP. ANTONOVICH:** AND WE HAVE A PROGRAM FOR HOUSING FOR
14 VETERANS, WE HAVE-- BUT IF A VETERAN DOES NOT WANT TO GO TO
15 SHELTER BECAUSE OF A DRUG DEPENDENCY OR MENTAL HEALTH PROBLEM,
16 THEY DON'T HAVE-- THEY HAVE THE RIGHT TO SAY, "I DON'T WANT TO
17 GO TO THAT SHELTER," AND THAT'S ONE OF THE PROBLEMS AND WHY WE
18 NEED TO HAVE MANDATORY TREATMENT, SUBSTANCE ABUSE TREATMENT,
19 MENTALLY ILL TREATMENT FOR THESE INDIVIDUALS SO THAT THEY WILL
20 GET THE SHELTER AND THE CARE AND GET BACK ON THEIR FEET.

21

22 **CEDRIC WILSON:** COULD YOU INDICATE TWO MORE OF THE PROBLEMS,
23 SIR, EXCEPT FOR THAT ONE? I UNDERSTAND THAT. COULD YOU NAME
24 TWO MORE PROBLEMS, PERHAPS?

25



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1 **SUP. BURKE, CHAIR:** THERE'S SOMEONE OVER HERE WHO WILL WORK
2 WITH YOU IN TERMS OF THE JOB ISSUE. SHE'S RIGHT THERE AND
3 SHE'LL WORK WITH YOU. YES.

4
5 **DAVID DELANGE:** I'M DAVID DELANGE, EXECUTIVE DIRECTOR,
6 COALITION TO SAVE THE MARINA. AS I'VE MENTIONED TO YOU ONCE OR
7 TWICE BEFORE, THE COASTAL COMMISSION HAS ASKED US TO CONTINUE
8 TO COME BACK TO YOU SUPERVISORS WITH RESPECT TO THE MARINA DEL
9 REY L.C.P., SO I'M BACK AND WILL CONTINUE TO COME BACK. WE'RE
10 GOING TO BE DOING THIS FOR THE NEXT APPROXIMATELY YEAR AND A
11 HALF WHILE THE REVIEW PROCESS CONTINUES. WE WILL ALSO, ON A
12 MONTHLY BASIS, CONTINUE TO GO BACK TO THE COMMISSION ITSELF,
13 NOT JUST TO ITS STAFF, AND REPORT IN THE RESULTS THAT WE GET
14 IN OUR EFFORTS TO COME TO YOU AND TO OFFICIALS WHO WORK
15 UNDERNEATH YOUR SUPERVISION. SO, FOR EXAMPLE, OUR FIRST REPORT
16 WENT INTO THE COMMISSION A FEW WEEKS AGO, AND WE MENTIONED THE
17 HERONRY THAT WAS ATTACKED RIGHT OFF THE REVIEW IN MARINA DEL
18 REY, THE GREAT BLUE HERONRY. WE MENTIONED THE SLIP REDUCTION
19 THAT OCCURRED RIGHT AFTER THERE WAS A RECOMMENDATION OF NO
20 SLIPS ON A PARTICULAR PROJECT. OUR COMMUNITY STRATEGY, GOING
21 FORWARD, IS TO DO WHAT PROVED TO BE AMAZINGLY TO US, KIND OF,
22 A WINNING FORMULA. WE WORKED AHEAD OF THE CURVE AND OUTSIDE OF
23 THE BOX IN SEVERAL WAYS. WE TOOK OUR ISSUES MONTHS, IN FACT
24 YEARS, IN ADVANCE TO THE COMMISSIONERS GOING RIGHT OVER THE
25 HEADS OF THEIR STAFF WAY, WAY IN ADVANCE, AND THAT APPEARS TO



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1 HAVE BEEN WHAT HELPED US GET THE 11 TO 0 VICTORY ON SOME VERY,
2 VERY IMPORTANT AMENDMENTS WHERE THEY OVERTURNED THEIR OWN
3 STAFF RECOMMENDATIONS. WE'RE GOING TO DO THE SAME THING ON
4 LEVEL ABOVE. THE LEVEL ABOVE IS THE LEGISLATURE. WE'RE RATHER
5 CONVINCED THAT THERE'S A VERY GOOD CHANCE THAT THIS MARINA DEL
6 REY L.C.P., TO THE EXTENT THAT IT WON'T BE FULLY ACCEPTED
7 RECOMMENDATION-WISE BY THE BOARD OF SUPERVISORS, TO JUST THAT
8 EXTENT, WILL WIND UP BY A MANDATE OF THE COASTAL ACT IN THE
9 LAPS OF THE LEGISLATURE, TO ACT UPON. IN FACT, THEY ARE
10 MANDATED TO ACT UPON IT. WE HAVE NOTICED THAT THE COASTAL
11 COMMISSION, BACKING UP A STEP TO THEM, HAS SHOWN A REMARKABLE
12 INDEPENDENCE. THEY ARE ACTING INDEPENDENT OF THEIR STAFF,
13 THEY'RE ACTING INDEPENDENT OF THE COUNTY LOBBYING EFFORT IN
14 THEIR VOTE, THEY ARE ACTING INDEPENDENT IN MANY WAYS OF THE
15 GOVERNOR. THE TOLL ROAD THAT WAS JUST UP, THE BIG ONE IN THE
16 ORANGE COUNTY SAN DIEGO AREA, WAS VOTED 8 TO 2. AND THREE OF
17 THE FOUR-- DOWN, AND THREE OF THE FOUR VOTES WERE
18 COMMISSIONERS WHO WERE APPOINTED BY THE GOVERNOR WHO WANTED
19 THAT TOLL ROAD TO GO THROUGH. AMAZING DEGREE OF INDEPENDENCE.
20 WHY ARE WE DOING AS WELL AS WE ARE? WE'RE NOT SURE. WE'VE
21 HEARD VARIOUS THEORIES. WE BELIEVE THAT WE'VE MANAGED TO
22 COMMUNICATE A SENSE OF PLACE. WE BELIEVE WE CAN DO THE SAME
23 THING WITH THE LEGISLATURE SHOULD WE NEED TO DO SO. WE'RE
24 GOING TO START WORKING ON THAT RIGHT NOW. WE HAVE LOTS OF
25 CONTACTS IN THE COMMUNITY WITH SACRAMENTO, WE KNOW IT'S A MORE



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1 DIFFICULT JOB THAN GETTING THE ATTENTION OF THE COMMISSIONERS
2 ON THE COASTAL COMMISSION, BUT WE DID THAT VERY SUCCESSFULLY
3 AND WE WILL GO FORWARD. WE HOPE WE DON'T HAVE TO. WE HOPE THAT
4 WE WILL HAVE, YOU KNOW, YOUR INVOLVEMENT AND COOPERATION IN
5 FOLLOWING THE RECOMMENDATIONS LARGELY OF THE COMMISSION. THANK
6 YOU.

7

8 **SUP. BURKE, CHAIR:** THANK YOU.

9

10 **CLERK SACHI HAMAI:** IN ACCORDANCE WITH BROWN ACT REQUIREMENTS,
11 NOTICE IS HEREBY GIVEN THAT THE BOARD OF SUPERVISORS WILL
12 CONVENE IN CLOSED SESSION TO DISCUSS ITEM NUMBER CS-1,
13 CONFERENCE WITH LEGAL COUNSEL REGARDING EXISTING LITIGATION AS
14 INDICATED ON THE POSTED AGENDA. THANK YOU.

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1 REPORT OF ACTION TAKEN IN CLOSED SESSION ON FEBRUARY 19, 2008
2 CS-1. CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
3 (Subdivision (a) of Government Code Section 54956.9)
4 Janet Comey v. County of Los Angeles, Los Angeles Superior
5 Court Case No. BC 346146
6 This lawsuit arises out of an allegation of gender
7 discrimination by an employee of the Department of Health
8 Services. (08-0402)

9 ACTION TAKEN

10 The Board authorized settlement of the above lawsuit. The
11 substance of the settlement will be disclosed upon inquiry by
12 any person as soon as the settlement becomes final following
13 approval by all parties. The vote of the Board was unanimous
14 with all Supervisors being present.

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**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 I, JENNIFER A. HINES, Certified Shorthand Reporter

2 Number 6029/RPR/CRR qualified in and for the State of
3 California, do hereby certify:

4 That the transcripts of proceedings recorded by the
5 Los Angeles County Board of Supervisors February 19, 2008
6 were thereafter transcribed into typewriting under my
7 direction and supervision;

8 That the transcript of recorded proceedings as
9 archived in the office of the reporter and which

10 have been provided to the Los Angeles County Board of
11 Supervisors as certified by me.

12 I further certify that I am neither counsel for, nor
13 related to any party to the said action; nor

14 in anywise interested in the outcome thereof.

15 IN WITNESS WHEREOF, I have hereunto set my hand this
16 22nd day of February 2008 for the County records to be used
17 only for authentication purposes of duly certified transcripts
18 as on file of the office of the reporter.

19

20 JENNIFER A. HINES

21 CSR No. 6029/RPR/CRR

22

23

24

25